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14. ABSTRACT Given the large number of women exposed to progestins through either contraceptives or menopausal hormone therapies, clarifying the etiologic role of progestin in relation to breast cancer is of public health importance. This study's two projects will further our understanding of the potential risk of breast cancer associated with progestin use. Project 1 involves the enrollment of 225 in situ breast cancer cases 20-44 years of age. Project 2 is a case-control study of women 55-74 years of age that will enroll 435 controls and 870 breast cancer cases (with three different histologic types of breast cancer, including 435 ductal cases and 435 lobular and mixed cases). Both projects involve a detailed in-person interview and review and testing of tumor samples for various tumor markers. There are no major findings from this study yet as data collection is currently in progress for both projects.					
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INTRODUCTION:

The overarching purpose of this project is to evaluate how use of exogenous progestins is related to risk of *in situ* and invasive breast cancer. We conducted two projects. The first evaluated the relationship between use of the injectable contraceptive depo-medroxyprogesterone acetate (DMPA) and risk of *in situ* breast cancer among women 20-44 years of age. We enrolled a total of 210 *in situ* cases and 762 population-based controls. The specific aims of this project were to determine the relationship between DMPA use and *in situ* breast cancer risk; to assess if this relationship is modified by various demographic, reproductive, or anthropometric factors; and to evaluate if DMPA use is related to different subtype of *in situ* breast cancer. Our second project assessed the influence of menopausal hormone therapy use on risks of lobular, ductal-lobular, and ductal breast carcinomas among postmenopausal women 55-74 years of age. Its specific aims were to evaluate how use of different menopausal hormone therapy regimens are related to different histologic types of breast cancer; to determine if other established breast cancer risk factors differ in their associations with lobular, ductal-lobular, and ductal carcinomas; to assess differences in tumor marker expression by histologic subtype; and to determine if use of combined estrogen and progestin menopausal hormone therapy influences the expression of various tumor markers in lobular, ductal-lobular, and ductal carcinomas. The 473 lobular cases, 465 ductal cases, and 433 controls were combined with 590 lobular cases, 454 ductal cases, and 469 controls from a similarly designed case-control study we conducted previously giving us a total sample size of 1,063 lobular cases, 919 ductal cases, and 902 controls.

BODY:

In this section we present our accomplishments associated with each task outlined in our approved Statement of Work (SOW). It is structured such that each item from our SOW is provided verbatim followed by a description of the work we conducted with respect to it. Herein Project 1 refers to our study of DMPA in relation to risk of *in situ* breast cancer and Project 2 refers to our study of risk factors for different histologic subtypes of breast cancer among women 55-74 years of age.

TASK 1. Develop Interview Instrument, Other Study Materials, and Tracking System, Months 1-3:

- a. I will lead the development of the structured interview instruments for both projects. In the development of the questionnaire for Project 1 I will utilize a variety of available historical forms that have been extensively field tested and perfected. The questionnaire for Project 2 will be largely based on the questionnaire we used in our completed study of lobular cancer that this project will build on. Both questionnaires will ascertain information on exposures that occurred prior to each subject's "Reference Date" (the date of diagnosis for cases and a comparable assigned date for controls) including: use of hormones, reproductive history, family history of cancer, medical history, anthropometric characteristics, and demographic information.**

Project 1: A structured interview instrument was developed and successfully used in this study. It was designed to collect detailed data on DMPA use (all episodes of lifetime use including dates) as well as information on a variety of known breast cancer risk factors and demographic factors (e.g., reproductive history, family history of breast cancer, lifestyle factors, medical history, and anthropometric factors). The instrument was programmed electronically so interview data were directly entered into our laptop interface as they were collected (a copy of this form is included in Appendix 1).

Project 2: A structured interview instrument was developed and successfully used in this study. It was designed to collect detailed data on menopausal hormone therapy use (all episodes of lifetime use including dates, formulations, dosages, and patterns of use) as well as information on a variety of known breast cancer risk factors and demographic factors (e.g., reproductive history, family history of breast cancer, lifestyle factors, medical history, and anthropometric factors). The instrument was programmed electronically so interview data were directly entered into our laptop interface as they were collected (a copy of this form is included in Appendix 2).

- b. Several other materials will be prepared for these projects including: approach letters to potentially eligible cases and controls; an interview consent form; a HIPAA compliant authorization to access personal health information; tumor tissue (cases only), medical records, and pharmacy records release forms; and a blood specimen donation consent form.**

Project 1: All of these additional materials were prepared for Project 1.

Project 2: All of these additional materials were prepared for Project 2.

- c. Study personnel, including the study manager and interviewers, will be trained on the specific procedures to be used in these projects.**

Project 1 and Project 2 each had distinct non-overlapping study teams consisting of a study manager who oversaw their respective study's daily operations, a program assistant who assisted the study manager and was responsible for a variety of secretarial tasks, and field interviewers who were responsible for contacting and interviewing study participants. All personnel working on both projects were trained on the specific procedures they were responsible for to carry out this work successfully.

- d. Institutional Review Board approval, both locally and from the U.S. Army, will be sought for both studies' protocol and documents.**

IRB approval from both the Fred Hutchinson Cancer Research Center and the U.S. Army was obtained for both projects and these approvals were successfully reviewed and approved annually.

- e. **We will modify the computerized tracking systems we currently use in our other studies to fit the specific needs of these projects. These systems will allow for up-to-date tracking of study progress and retrieval of information on any aspect of the study as needed. For Project 2 these systems are largely already in place given that it will build on a recently completed study.**

Our team of programmers developed customized computerized tracking systems specific to the needs of both Project 1 and Project 2. Using these systems we generated monthly reports documenting the progress of each study.

TASK 2. Finalize Subject Eligibility Criteria, Months 1-3

- a. **The population base for both of these studies will be the three-county Seattle/Tacoma metropolitan area in Washington State. All subjects must have been residents of one of these three counties at their reference date.**

For both projects the population-base used was the three-county Seattle/Tacoma metropolitan area (King, Pierce, and Snohomish counties). All enrolled study participants were residents of one of these three counties at their reference date (date of breast cancer diagnosis for cases and an assigned date reflective of the distribution of case reference dates, based on month and year, for controls).

- b. **For Project 1, women must be premenopausal and 20-44 years of age at their reference date. For Project 2, women must be postmenopausal and 55-74 years of age at their reference date.**

Project 1: Cases and controls were eligible for Project 1 if they were 20-44 years of age at their reference date.

Project 2: Cases and controls were eligible for Project 1 if they were 55-74 years of age at their reference date.

- c. **Women with a prior history of invasive or *in situ* breast cancer will be excluded.**

For both projects women with a prior history of invasive or *in situ* breast cancer were excluded.

TASK 3. Case Identification, Months 3-50

- a. **For Project 1, cases are premenopausal women 20-44 years of age diagnosed with *in situ* breast cancer from June 1, 2004 to August 31, 2008. For Project 2, cases are postmenopausal women 55-74 years of age diagnosed with invasive lobular, ductal-lobular, or ductal breast carcinoma from April 1, 2004 to December 31, 2008.**

Project 1: Cases were eligible for Project 1 if they were 20-44 years of age at their reference date and diagnosed with *in situ* breast cancer from June 1, 2004 to August 31, 2008.

Project 2: Cases and controls were eligible for Project 1 if they were 55-74 years of age at their reference date and case diagnosis dates did span April 1, 2004 to December 31, 2008.

- b. **All cases will be ascertained through the Cancer Surveillance System (CSS), a population-based cancer registry covering 13 counties in western Washington State. It is a participant in the NCI SEER Program.**

Cases for both projects were ascertained through CSS, providing us with a population-based set of cases.

- c. **For Project 1, based on recent data, a minimum of 63 eligible *in situ* cases per year are expected during each of the proposed 4.5 years of case ascertainment for an estimated total of 280 eligible cases. For Project 2, based on recent data, a minimum of 90 eligible lobular cases and 90 eligible ductal-lobular cases per year are expected during each of the proposed 4.5 years of case ascertainment for an estimated total of 405 eligible cases of each type. Since ductal carcinoma is more**

common than both lobular and ductal-lobular carcinoma, an age-matched random sample of ductal cases will be selected for enrollment in this study.

Project 1: These estimates were close to the number of eligible cases we actually identified for this project as detailed below.

Project 2: Due to the unanticipated decline in breast cancer rates as a whole, lobular cancer incidence rates also declined leading us to have fewer lobular and ductal-lobular cases diagnosed than we had originally projected. To accommodate this decline and the fewer number of cases, we restructured our design with the goal of instead recruiting 450 lobular/ductal-lobular cases, 450 ductal cases, and 450 controls.

- d. From our prior experience with breast cancer studies, we anticipate that at least 80-85% will agree to be interviewed. Hence, a minimum of 225 of the eligible 280 cases eligible for Project 1, and 325 of the 405 eligible cases in each of the histology groups for Project 2 would agree to participate.**

Response rates for cases for both projects are summarized in Table 1. For Project 1 we enrolled 210 (71%) of the 298 eligible cases identified, and for Project 2 we enrolled 938 (75%) of the 1251 eligible cases identified. This was slightly less than our targeted case accrual of 975 cases and this was largely due to the decrease in incidence rates of breast cancer, including a decrease in the incidence rates of lobular cancers, that occurred during the period over which this study was conducted. Also, as detailed below, we did greatly exceed our control target enrollment enrolling 433 rather than our initially projected 325 controls.

Table 1: Participant enrollment report

	Project 1	Project 2	
		Controls	Cases
Total # of eligible cases	298	653	1251
Enrolled (%)	210 (71%)	433 (66%)	938 (75%)
Not enrolled (%)	88 (29%)	220 (34%)	313 (25%)
Refused	87	220	262
Deceased	1	0	51

- e. Twice each month CSS files identifying newly diagnosed potentially eligible cases of breast cancer will be downloaded to our personal computers and reviewed by the study manager.**

Twice monthly CSS files containing newly identified cases potentially eligible for both projects were obtained from CSS and reviewed by each project's study manager.

- f. The physicians of all eligible cases will receive a letter requesting permission to interview their patient.**

For both projects, before eligible cases were approached we first sent letters to their physicians to determine if there were any reasons why a patient should not be approached to participate in our study.

- g. The cooperation of area physicians is crucial to the success of studies such as the one proposed. The physician response rates achieved by this research unit have consistently been high (greater than 99%).**

Before both of these projects began CSS changed its rules regarding physician contact such that physicians were no longer required to provide either active or passive consent for their patients to be recruited for research studies utilizing CSS records. So while we did send physician letters to obtain updated contact information and determine if there were reasons why we should not contact a particular patient, physician level refusals were not an issue for either project.

TASK 4. Control Identification, Months 3-50

- a. General population controls with no prior history of breast cancer who are 20-44 years of age (Project 1) and 55-74 years of age (Project 2) will be identified through random digit dialing (RDD). However, all of the work related to controls for Project 1, including identification, approach, and data collection will be funded by the parent R01 (NCI) grant, and not by the Era of Hope Scholar Award.**

Project 1: Again, recruitment of controls for this project was not funded by Dr. Li's EOHS Award but was instead funded by one of his R01s. So Project 1 did not involve EOHS funded control recruitment.

Project 2: RDD was used to identify a population-based set of controls 55-74 years of age that was frequency matched to our cases. The methods used and the outcomes of our recruitment are detailed below.

- b. We will use a system that automates the administration, execution, and tracking of the RDD process.**
- c. This control identification procedure has been used successfully for prior and on-going studies in our research group.**

We used the Mitofsky-Waksberg¹ method of random digit dialing to identify potential controls from the general population of female residents of King, Pierce, and Snohomish counties. Controls were frequency matched within 5-year age groups to the cases using one-step recruitment. As the study progressed, we reduced our clustering factor from five to one in order to ensure timely completion of our calling. Up to nine calls were made to each number at various times of the day and days of the week. Numbers were recontacted three months later if all attempts were answered by an answering machine, or if a respondent refused to answer the screening questions. Numbers were recontacted again three months later if all attempts in the second contact round were answering machine.

A total of 49,824 numbers were dialed; 38,178 were nonworking, business, cellular, paging, dedicated facsimile, or data line numbers. 2,003 numbers were never answered, and thus their residential status could not be determined. Prior studies suggest that only about 20% of such numbers are indeed residential.² Of the 9,643 residential or presumed residential numbers, 7,091 were successfully screened for eligibility. Of the remainder, 1296 were answering machines, 1,068 reached a respondent who refused to answer the screening questions, and for 188 there were language or other communication barriers. Of the 653 eligible controls identified, 433 (66%) were interviewed.

TASK 5. Approach to Study Subjects, Months 4-53

- a. Cases and controls will be approached about each of these studies through a letter describing the study's purpose and procedures, and advising them that an interviewer will call soon.**

Study specific approach letters were developed for Project 1 and Project 2 and were used in our initial approach to study participants.

- b. Within one week of the initial mailing, a trained interviewer will call the subject to answer any questions, verify eligibility, and schedule the interview. Then a letter confirming the appointment will be sent to subjects.**

Project interviewers were responsible for following up on all approach letters. They called women to verify eligibility, and for those that were willing to participate they scheduled times to complete the in-person interview. Letters confirming interview appointments were then generated and mailed by each project's Program Assistant.

- c. We will attempt to complete all interviews in the woman's home. If this is not possible, the interviewer will arrange to have the interview take place in a location agreeable to the subject.**

The vast majority of interviews were completed in person in women's homes for both projects. A few were completed in women's work places or other venues that were convenient for them.

- d. In our past studies we have been able to interview 60% of subjects willing to participate within three months of initial contact, and 93% within six months.**

Project 1: 84% of cases completed the interview within 3 months of initial contact, and 93% of interviews were completed within six months.

Project 2: 85% of cases completed the interview within 3 months of initial contact, and 92% of interviews were completed within six months.

TASK 6. Conduct of Interviews, Months 4-55

- a. For Project 1, 225 *in situ* cases will be interviewed. For Project 2, 325 lobular cases, 325 ductal-lobular cases, 325 ductal cases, and 325 controls will be interviewed. These sample sizes were selected to provide both studies with adequate statistical power to evaluate each of their specific aims.**

As described above for Project 1 we enrolled 210 *in situ* cases. For Project 2 we nearly reached our overall case enrollment goal of 975 cases by enrolling 938, however the distribution of histology was different than originally projected. Specifically, we enrolled 473 lobular cases (pure lobular or mixed ductal-lobular) and 465 ductal cases. We were unable to reach our targeted number of 650 lobular cases because of the declining incidence rates of breast cancer that included a decline in lobular cancer rates that occurred over the time course of this study. Thus, we adjusted our recruitment targets so that we could still reach our overall targeted recruitment goal of 975 cases by instead enrolling nearly equal numbers of lobular and ductal cases. With respect to controls, we greatly exceeded our targeted goal enrolling a total of 433 controls, making up for not quite reaching our original case target.

- b. At the time of the interview a consent form will first be reviewed and then signed by both the study subject and the interviewer.**

Participants in both projects signed written, study specific, IRB approved consent forms prior to being interviewed.

- c. The interview will then be conducted.**

In person interviewer administered questionnaires were completed for all women enrolled in Project 1 and Project 2.

- d. HIPAA compliant authorizations to collect personal health information will be sought including:**
- A tumor tissue release so that specimens can be ascertained and tested for a variety of molecular markers in the Porter lab;**
 - A medical records release so we can review medical records from locations where subjects have been prescribed contraceptives;**
 - A pharmacy records release that gives us permission to contact their usual pharmacies to verify and supplement reported medication use.**

Project specific tumor tissue release forms, medical record release forms, and pharmacy record release forms were reviewed with all study participants. The proportions of participants signing these release forms are shown in Table 2.

- e. All subjects will be asked to donate three tubes of blood. Subjects who refuse will be asked if they are willing to provide us with an oral tissue sample using commercial mouthwash. All blood and oral specimens will be transported to the Fred Hutchinson Cancer Research Center (FHCRC) Specimen Processing Laboratory within 24-hours of collection for processing and storage.**

The proportions of participants providing a blood and/or oral tissue sample for Project 1 and Project 2 are shown in Table 2. All field interviewers used in this project were trained and certified phlebotomists so blood samples were either collected at the conclusion of the interview or if women preferred were collected at the time of one of their subsequent clinical blood draws.

Table 2: Proportions of enrolled participants providing various release forms and blood and/or oral tissue samples

Providing release/samples	Project 1	Project 2	
		Cases	Controls
Medical records	95%	96%	92%
Pharmacy records	93%	95%	95%
Tumor tissue	94%	99%	n/a
Blood/oral tissue	93%	96%	94%

- f. Interviewers will edit each interview within 3 days of their completion. Next, one of our staff members who has extensive editing experience will edit and code the completed questionnaires. Lastly, the study manager will conduct a final edit of all questionnaires and determine which subjects need to be recontacted so that missing or incomplete data can be collected.**

All of the interview data collected went through a three step editing process for quality and completeness. First interviewers edited each of their interviews within 3 days of their completion. Next, one of our staff members with extensive experience editing and coding interview data reviewed each questionnaire. Finally, the Study Manager conducted a final edit. Any issues identified by our staff editor/coder or the Study Manager were then communicated with the field interviewer who collected the data. This provided on going continuing education related to their work, and if necessary, study participants were recontacted to clarify the information collected or to complete any missing data items.

- g. Telephone validation interviews on a randomly selected 10% of interviewed women will be conducted within one month of the date that original interviews were completed to determine if the answers to selected questions are comparable to those given during the interview.**

Validation interviews were conducted on a random 10% sample of interviewed women for quality control purposes and as an evaluation of the performance of our field interviewers with respect to their professionalism and conduct. No issues or concerns were identified through this quality control activity.

TASK 7. Tissue Collection, Pathology Review and Laboratory Testing of Tumor Specimens, Months 4-55

- a. We will request that histology slides, tissue blocks, and pathology reports from the breast cancer cases we enroll be sent to the Porter lab at FHCRC from regional pathology laboratories.**

We requested histology slides, tissue blocks, and pathology reports from all regional pathology laboratories serving breast cancer patients in our three county region. These materials were sent to the Porter lab at FHCRC for centralized histopathology review and testing.

- b. Based on our previous studies, we anticipate that at least 95% of subjects will consent to release their tissue. We have considerable experience in the acquisition of tumor blocks, and we anticipate that we will be able to collect tumor tissue for at least 75% of all cases.**

As shown in Table 2, 99% of cases from Project 2 consented to release their tumor tissue to us. Of the 929 Project 2 cases consenting to release their tissue to us, thus we have received tissue from 800 (86%) of them. Additional efforts to obtain the remaining 129 tumor tissue specimen are ongoing, with the primary limitation being issues related to the institutions holding these specimens. In particular, some hospitals only allow us to request a certain number of tumor tissue specimens per year, so we are still actively in the process of waiting in the appropriate queues to get these samples.

- c. Whenever possible a single representative block is selected for all laboratory studies. We will:**

- i. Conduct pathology reviews on all tumors;**
- ii. Assay expression of ER α , ER β , PR, and e-cadherin using immunohistochemistry (IHC) on conventional slides;**
- iii. Harvest tissue cores from selected tissue blocks for construction of tissue microarrays (TMA). Biomarkers most relevant to the relationship between DMPA and breast cancer risk at the time TMA construction is complete will be evaluated on these slides. These TMA slides will also provide a valuable resource for future studies since they allow for high throughput testing of additional markers and offer maximum flexibility for studying new markers as they emerge and develop.**

Of the 800 tissues that we have received, all but 114 have not been reviewed and evaluated. Of the remaining 686 cases, 15 (2%) will not have any laboratory studies performed because the tissue received was insufficient for this purpose and no additional tissue samples are available to request for these patients. Of the remaining 671, all have undergone pathology review. 663 of these were of sufficient size and quality to conduct whole section IHC, and 576 were of sufficient size and quality to be cored for our tissue microarrays.

TASK 8. Data Analysis and Manuscript Preparation, Months 51-60

- a. For Project 1, unconditional logistic regression will be used to compute odds ratios (and 95% confidence intervals) that characterize the relationship between DMPA use and *in situ* breast cancer risk. For Project 2, polytomous logistic regression will be used to compute odds ratios (and 95% confidence intervals) that characterize the relationship between hormone therapy use and risk of the three histologic types of breast cancer of interest in the same statistical model.**
- b. Systematic assessment of the effect of potential confounders (including body mass index, body weight, parity, reproductive factors, and oral contraceptive use) on the estimates obtained will be performed.**
- c. Two approaches will be used to assess effect modification. First, we will simply stratify our logistic regression analyses by the effect modifier of interest so that risks specific to each stratum of the potential effect modifier can be calculated. Second, we will include an interaction term between the exposure of interest and the effect modifier so that the statistical significance of the observed interaction (effect modification) can be determined.**

Project 1:

Methods:

This population-based case-control study consisted of 210 *in situ* breast cancer cases and 762 controls 20-44 years of age. The specific aims of this project were:

1. To determine if depo-medroxyprogesterone acetate (DMPA) use is associated with an increased risk of *in situ* breast cancer in premenopausal women 20-44 years of age, and if the duration and/or recency of DMPA use influences the magnitude of this association.
2. To assess if demographic, reproductive, or anthropometric characteristics (such as parity and body mass index) are related to risk of *in situ* breast cancer among premenopausal women, and if they modify the association between DMPA use and *in situ* breast cancer risk.
3. To evaluate how DMPA is related to different types of *in situ* breast cancer when stratified by tumor characteristics such as histology and expression of various tumor markers.

Our primary exposure of interest was DMPA use. The referent exposure category consisted of women who never used any type of injectable hormonal contraceptive. We used unconditional logistic regression to calculate odds ratios (ORs) and their associated 95% confidence intervals (CIs) to compare breast cases to controls.³ All analyses were conducted using Stata/SE version 11.2 (StataCorp LP, College Station, TX). All models were adjusted for age (five year categories) and reference year (continuous) since controls were matched to cases on these factors and additionally adjusted for first degree family history of breast cancer (no / yes), BMI one year prior to reference date (based on WHO categories), duration of OC use (never / <5 years / 5-9.9 years / ≥10 years), and parity (nulliparous / 1-2 full-term pregnancies / ≥3 full-term pregnancies) (in support of Aim 1). These latter four covariates were selected *a priori* as potential confounders. Other variables evaluated as potential confounders included: education, income, parity, age at first live birth, and screening mammography (ever / never). None of these potential confounders changed our risk estimates by more than 10%, and thus none were added to our statistical models. We additionally assessed each of these factors as potential effect modifiers of the relationship between DMPA use and *in situ* breast cancer risk but none were statistically significant effect modifiers based on p-values for interaction all greater than 0.05 (Aim 2). Additionally, we stratified our analysis according to histologic type of *in situ* breast cancer. Cases were grouped as either ductal carcinoma *in situ* (n=184) or lobular carcinoma *in situ* (n=21) (Aim 3).

Results:

In our primary analysis we compared DMPA users to all non-users of DMPA and observed that neither ever use or recent use of DMPA was associated with risk of *in situ* breast cancer using multivariate adjusted statistical models (OR=0.9, 95% CI: 0.5-1.6 and OR=0.6, 95% CI: 0.2-2.2, respectively). Furthermore, recent use of DMPA for 12 months or longer did not alter breast cancer risk (OR=1.0, 95% CI: 0.3-3.7). Age at first use of DMPA and timing of DMPA use in relation to either first or most recent full-term pregnancy were also not related to risk. Results stratified by histologic type of *in situ* breast cancer were limited in that so few of our cases were LCIS (n=21) of which only two had ever used DMPA. Thus reliable risk estimates specific to LCIS could not be calculated. We did have 184 DCIS cases, but risk estimates were all essentially the same as those observed in the overall analysis.

Discussion:

The R01 funded component of this study involved the recruitment of invasive breast cancer cases and population-based controls. In contrast to our *in situ* analyses, in our invasive analyses we did observe that recent DMPA use and in particular recent use of DMPA for 12 months or longer were associated with increased risks of invasive breast cancer (OR=1.6, 95% CI: 0.9-2.7 and OR=2.3, 95% CI: 1.2-4.3, respectively). Despite being conducted in a U.S. population that is demographically and culturally quite different from the diverse populations included in the previously published studies of DMPA and invasive breast cancer risk (which included women living in Costa Rica, New Zealand, Kenya, Mexico, Thailand, and South Africa), our results are quite similar to these prior studies which found that recent DMPA use was associated with 1.5 to 1.65-fold increased risks of breast cancer.⁴⁻⁶ Reasons for the lack of an association with *in situ* breast cancer is uncertain, though sample size restrictions limit the robustness and generalizability of these results as our invasive analysis was based on 1,028 cases.

Project 2:

Methods:

This population-based case-control study consisted of 1063 invasive lobular cases, 919 invasive ductal, and 902 controls 55-74 years of age. It was designed to address the following specific questions:

1. How does use of different hormone therapy regimens, particular combined estrogen and progestin regimens, influence risk of different types of mixed ductal-lobular carcinomas?
2. How are known breast cancer risk factors, including reproductive factors, anthropometric measures, alcohol use, and family history of breast cancer, related to risks of lobular, ductal-lobular, and ductal carcinomas, and how do breast cancer risk factors interact with each other to alter these risks?
3. How do ductal-lobular carcinomas differ from lobular and ductal carcinomas in their expression of ER, PR, c-erbB-2, e-cadherin, Ki-67, and novel informative biomarkers identified in companion microarray studies?
4. How do known breast cancer risk factors, and use of combined estrogen and progestin hormone therapy in particular, influence the expression of ER, PR, c-erbB-2, e-cadherin, Ki-67, and novel informative biomarkers identified in companion microarray studies in lobular, ductal-lobular, and ductal carcinomas?

For Aims 1 and 4, our primary exposure of interest was use of menopausal hormone therapy (HT). The referent exposure category consisted of women who never used any type of HT. Analyses of HT use focused on recency of use defined as HT use within the year prior to reference date for at least 6 months. HT use was then categorized as either use of unopposed estrogen (EHT) or use of combined estrogen and progestin therapy (CHT). For Aim 2, the relationships between various established breast cancer risk factors and risks of lobular, ductal-lobular, and ductal carcinoma were assessed. These risk factors included aspects of reproductive history, family history of breast cancer, anthropometric characteristics, and lifestyle factors (alcohol use and smoking).

For our statistical analyses we used polytomous logistic regression to calculate odds ratios (ORs) and their associated 95% confidence intervals (CIs) to simultaneously compare risks associated with each histologic breast cancer case type to our common population-based control group. For all comparisons there were no statistically significant differences in risks between the lobular and ductal-lobular case groups so in all analyses these two case groups were combined. All analyses were conducted using Stata/SE version 11.2 (StataCorp LP, College Station, TX). All models were adjusted for age (five year categories) and reference year (continuous)

since controls were matched to cases on these factors. Multiple potential confounders of each of the relationships evaluated were performed. Those variables that when included in the model changed our risk estimates by more than 10% were considered confounders and retained in our multivariate adjusted models. Effect modification was assessed using likelihood ratio testing, but no statistically significant effect modifiers of any of the relationships evaluated were identified.

For Aim 3, we estimated Wald p-values using logistic regression to identify which differences in clinical characteristics and tumor marker expression were statistically significantly different among our lobular vs. ductal breast cancer cases.

Results:

Aim 1:

Current use of EHT and current use of CHT were associated with 60% and 130% increased risks of lobular carcinoma, respectively, while neither was associated with risk of ductal breast cancer (Table 3). The elevated risk of lobular cancer among current EHT users was observed only among users for 5 years or longer, while current CHT use for only 3 years or longer was associated with an increased risk of lobular cancer.

Table 3: Menopausal hormone therapy use and ductal vs. lobular breast cancer risk

Recency of HT use	Controls (n=856)	Ductal cases (n=880)		Lobular cases (n=1,027)	
	%	%	OR (95% CI)	%	OR (95% CI)
Never	22.1	26.1	1.0 (ref)	18.0	1.0 (ref)
Former	35.3	29.8	0.7 (0.6-1.0)	25.4	0.9 (0.7-1.2)
Current EHT	23.6	18.4	0.9 (0.6-1.2)	21.8	1.6 (1.1-2.2)
<3 yrs	1.1	0.8	0.8 (0.3-2.1)	0.6	0.8 (0.3-2.3)
3-4.9 yrs	1.1	1.0	1.1 (0.4-3.0)	0.7	1.2 (0.4-3.3)
5-14.9 yrs	8.7	7.1	1.0 (0.7-1.4)	9.7	2.3 (1.5-3.2)
≥15 yrs	12.8	9.3	0.8 (0.6-1.3)	10.9	1.7 (1.2-2.4)
Current CHT	14.0	19.0	1.1 (0.8-1.5)	29.5	2.3 (1.7-3.2)
<3 yrs	1.6	1.1	0.6 (0.3-1.4)	2.0	1.5 (0.7-3.1)
3-4.9 yrs	1.3	2.1	1.3 (0.6-2.9)	3.4	3.1 (1.5-6.3)
5-14.9 yrs	7.8	11.4	1.3 (0.8-2.1)	17.6	2.5 (1.9-3.5)
≥15 yrs	3.3	4.3	1.1 (0.6-1.8)	6.3	2.1 (1.3-3.4)

Aim 2:

Among the other known breast cancer risk factors, few were differentially associated with risk of lobular vs. ductal breast cancer (Table 4). There was some suggestion that alcohol use and height were more strongly related to risk of lobular vs. ductal cancer, but neither difference was statistically significant.

Table 4. Established breast cancer risk factors and risk of lobular vs. ductal breast cancer

Risk factor	Ductal (n=916)	Lobular (n=1,068)
	OR (95% CI)	OR (95% CI)

Age at menarche >14 years	0.7 (0.5-0.9)	0.7 (0.5-0.9)
Parous	0.6 (0.5-0.8)	0.8 (0.6-1.1)
2+ live births	0.6 (0.5-0.8)	0.8 (0.6-1.1)
≥30+ at first live birth	1.4 (0.9-2.1)	1.5 (1.0-2.2)
Had a bilateral oophorectomy	0.6 (0.5-0.8)	0.8 (0.6-1.1)
Alcohol: ≥2 drinks per day	1.9 (1.3-3.1)	2.6 (1.6-4.2)
Height ≥66 inches (vs. ≤61 inches)*	1.3 (0.9-1.9)	2.0 (1.2-3.3)
Obesity (BMI ≥30.0 kg/m ²)*	1.2 (0.9-1.6)	0.9 (0.6-1.2)

* Analyses exclude current users of menopausal hormone therapy.

Aim 3:

We evaluated differences in expression of a variety of tumor markers relevant to hormonal pathways and the cell cycle in ductal vs. lobular tumor tissue specimens. Ductal tumors were more likely than lobular tumors to be ER-, HER2+, ER-/PR-/HER2-, have high Ki-67 expression, e-cadherin positive, have high p53 expression, and have high p21 expression (Table 5).

Table 5: Tumor marker expression in ductal vs. lobular breast cancers

Tumor marker	Ductal (n=394)	Lobular (n=229)
ER+	85%	91%*
PR+	79%	85%
HER2+	6%	2%*
ER-/PR-/HER2-	10%	0.5%*
Ki-67 low (≤15%)	59%	82%*
E-cadherin positive	88%	10%*
p53 high (>10%)	11%	1%*
p21 high (>10%)	28%	14%*
p16 high (>10%)	5%	1%

* p<0.05

Aim 4:

We restricted this analysis to ER+ cases to reduce disease heterogeneity given that the vast majority of lobular cases are ER+ and a larger share of ductal cases are ER-. There was some suggestion that CHT use more strongly influenced risks of lobular tumors that were node positive, PR+, e-cadherin negative, and had low p21 expression (Table 6). No differences were seen across the other clinical characteristics or tumor markers assessed including AJCC stage, tumor size, grade, Ki-67, or p27 (HER2, p53, and p16 could not be assessed in this manner given that only 2% of lobular cases were HER2+ and only 1% of lobular cases had high p53 or high p16 expression). In contrast, current CHT use was not related to risk of any subset of ER+ ductal breast cancer according to the clinical and tumor marker categorizations assessed.

Table 6: Risk of ER+ ductal vs. ER+ lobular breast cancer associated with current CHT use according to selected clinical characteristics and tumor markers

Characteristic/ Tumor Marker	ER+ Ductal		ER+ Lobular	
	%	OR (95% CI)	%	OR (95% CI)
All cases		1.1 (0.7-1.8)		2.4 (1.5-4.0)
Node negative	61%	1.2 (0.8-2.0)	63%	1.9 (1.04-3.4)
Node positive	31%	0.9 (0.5-1.7)	37%	3.7 (1.8-7.8)
PR+	89%	1.2 (0.8-1.9)	84%	2.9 (1.7-5.1)
PR-	11%	0.9 (0.3-2.2)	16%	1.2 (0.5-3.0)
e-cadherin negative	13%	1.8 (0.7-4.6)	89%	2.6 (1.6-4.4)
e-cadherin positive	87%	1.1 (0.7-1.7)	11%	1.3 (0.4-3.8)
p21 low ($\leq 10\%$)	72%	1.4 (0.9-2.2)	85%	2.8 (1.7-4.8)
p21 high ($> 10\%$)	28%	0.7 (0.4-1.4)	15%	1.2 (0.4-3.1)

Discussion:

Overall strengths and limitations of this study:

There are several major strengths of this study. It is the largest epidemiologic study specifically designed to evaluate the etiology of lobular breast cancer conducted to date. It is also one of the only studies to involve a centralized histopathologic review using standardized criteria which is critical given the variation in criteria used to diagnose lobular breast cancer across pathologists, hospitals, and geographic regions. This study also involved rigorous and detailed exposure assessment of a wide range of factors implicated in breast cancer etiology. Two factors also enhance the generalizability of this study, one is its population-based design and the second is its high overall response rates from both cases and controls. Potential limitations of this study relate to its case-control design in that recall bias is a potential concern. However, the differences seen according to breast cancer subtype are very unlikely to be affected by recall bias since this would require one assuming that ductal breast cancer patients recalled exposures differently than did lobular cancer patients.

Aim 1:

The roles of progestins in the etiology of breast cancer have been understudied, but their importance is highlighted by data from the Women's Health Initiative (WHI) randomized trials indicating that while use of combined estrogen and progestin menopausal hormone therapy (CHT) increases risk of breast cancer, use of estrogen alone does not.^{7,8} We were the first to document that the risk of breast cancer associated with exogenous progestin use is primarily restricted to a more substantial increase in the risk of breast cancers of a lobular histologic type.⁹ This finding has now been consistently replicated in numerous populations, with the literature showing that while CHT use increases risk of lobular carcinomas more than 2-fold, it is associated with either no increase or a much more modest increase in risk of the most common histologic type of breast cancer, invasive ductal carcinoma.¹⁰⁻¹⁸ Here we show data consistent with previous reports that CHT use strongly related to risk of lobular carcinoma, but appears to be unrelated to risk of ductal carcinoma. We show that this risk is similar for both lobular and ductal-lobular tumors, and also that a substantial elevation risk is observed after only three years of use. We also show that current use of EHT for 5 years or longer is associated with a more modest increase in risk of lobular carcinoma, but again no increase in risk of ductal carcinoma. So

this work further clarifies the impact of CHT and EHT use on the two major histologic subtypes of breast cancer.

Aim 2:

Reproductive factors:

There have been numerous investigations of the incidence of postmenopausal breast cancer in relation to a woman's reproductive history.^{19,20} However, few studies have evaluated the relationship between reproductive factors and lobular cancer risk.²¹⁻²³ One was an international multi-center hospital-based case-control study conducted by the World Health Organization that compared 321 women with lobular and tubular breast cancer to 2,407 women with other histologic types of breast cancer.²² It found that women with lobular and tubular carcinomas were more likely to be older at the time of their first live birth, but that age at menarche and number of first live births did not differ by histology. However, this study did not include a control group of women without breast cancer, 82% of its subjects were pre-menopausal, and its results may not be generalizable to U.S. women since most of its subjects were from developing countries. A Danish cohort study also explored these relationships and found that parity and increasing number of live births were associated with reduced risks of ductal cancer, but did not alter lobular cancer risk.²³ It did observe that a later age at first birth was associated with a greater increase in lobular cancer risk (22% increase/5 years) than of ductal cancer (9% increase/5 years). However, neither study stratified their results by menopausal status. To our knowledge, the only study to date focusing exclusively on postmenopausal women is our population-based case-control study that included 196 lobular cases, 656 ductal cases, and 1,007 controls who were all age 65-79 years.²¹ There was no suggestion in our data that any of the reproductive characteristics that are related to breast cancer risk as a whole were more strongly associated with lobular than with ductal breast cancer.

Though we did not find any compelling evidence here in our new study that any reproductive factors are differentially associated with lobular vs. ductal breast cancer, given the dearth of studies evaluating the relationship between reproductive factors and lobular vs. ductal cancer risk, these results are still an important contribution to the field with respect to clarifying aspects related to the etiologies of these two tumor types.

Anthropometric characteristics:

Our prior study (described above) is the only one we are aware of that has evaluated the relationship between anthropometric measures and risk of lobular vs. ductal breast cancer.²¹ We observed that obesity was related to ductal, but not to lobular cancer, risk. Compared to women in the lowest quartile of body mass index (BMI), women in the highest quartile had an increased risk of ductal cancer, but not of lobular cancer (OR=1.4; 95% CI: 1.0-1.9 and OR=1.0; 95% CI: 0.6-1.6, respectively). Alternatively, women in the highest quartile of height had elevated risks of both ductal and lobular cancer compared to women in the lowest quartile (OR=1.6; 95% CI: 1.2-2.2 and OR=1.8; 95% CI: 1.0-3.1, respectively). However, the results from our new study are not entirely consistent with these results. For BMI we found no strong association with either lobular or ductal cancer risk, though the confidence intervals of our risk estimates largely overlap with those seen in our prior study so the results of these two studies are likely not statistically different. With respect to height, here we observed that women in the tallest height quartile did appear to have a higher risk of lobular cancer compared to ductal cancer. There was a slight suggestion of this in our prior study, but certainly the difference was not as large as what we observed here. It is unclear what accounts for this difference, though it is important to note that in addition to being much larger, our new study also included a broader and younger age range (55-74) compared to this prior study which was limited to women 65-79 years of age. Further work is needed to evaluate the relationships between anthropometric factors and ductal vs. lobular breast cancer risk.

Alcohol use:

Alcohol consumption has been shown to be a moderate but consistent risk factor for breast cancer in both observational studies and meta-analyses.²⁴⁻²⁷ However, only three studies have evaluated the relationship between alcohol use and risk of different histologic types of breast cancer.²⁸⁻³⁰ All three suggest that alcohol use is more strongly associated with ILC risk than it is with IDC risk. The first study included 104 ILC cases, 1,236 IDC cases, and 1,617 controls who were 20-79 years of age.²⁹ It found that use of ≥ 15 g/day of alcohol was associated with a 1.76-fold (95% CI: 0.83-3.71) increased risk of ILC, but with only a 1.32-fold (95% CI: 1.01-

1.72) increased risk of IDC. However, its results were not stratified by menopausal status, and the risk associated with ILC was within the limits of chance. The second study is ours, and we found that current alcohol use was associated with a 1.8-fold (95% CI: 1.3-2.6) increased risk of ILC, but with only a 1.2-fold (95% CI: 1.0-1.5) increased risk of IDC.²⁸ Further, women who currently consumed ≥ 30.0 g/day of alcohol (greater than approximately two drinks per day) had an even higher risk of ILC (OR=3.3, 95% CI: 1.7-6.4), but only a modest elevation in IDC risk that was within the limits of chance (OR=1.5, 95% CI: 0.9-2.6). Lastly, we conducted an analysis using WHI data and showed that compared with never drinkers, women who consumed seven or more alcoholic beverages per week had an almost twofold increased risk of hormone receptor–positive invasive lobular carcinoma (HR = 1.82; 95% CI = 1.18 to 2.81) but not a statistically significant increased risk of hormone receptor–positive invasive ductal carcinoma (HR = 1.14; 95% CI = 0.87 to 1.50; difference in HRs per drink per day among current drinkers = 1.15; 95% CI = 1.01 to 1.32, $P = .042$).³⁰ The influence alcohol has on increasing hormone levels, particularly estrone sulfate and DHEA, is believed to be one of the mechanisms underlying the association between alcohol use and breast cancer risk.³¹ So our results are consistent with these three reports suggesting that there may be two well established breast cancer risk factors, CHT use and alcohol use, that are more strongly related to risk of lobular than ductal breast cancer.

Aim 3:

Here we document several differences in the expression of tumor markers relevant to hormonal pathways and the cell cycle in ductal vs. lobular tumors. Our results are quite consistent with other published findings from smaller case series that have reported differences in the expression of various tumor markers between lobular and ductal carcinomas.³²⁻⁴⁰ One of the molecular characteristics of lobular tumors that may account for their diffuse growth pattern is that nearly all lobular cancer cells do not express e-cadherin, a cell adhesion molecule.⁴¹ Acs, *et al.* centrally reviewed e-cadherin expression in 42 lobular and 100 ductal carcinomas, and found that 41/42 lobular carcinomas had complete loss of e-cadherin expression, while all 100 ductal carcinomas had moderate to strong expression.³² Using a large U.S. database, Arpino, *et al.* evaluated the expression of various markers in ILC vs. IDC.³³ They noted that compared to ductal tumors, higher proportions of lobular tumors were ER+, PR+, HER2 negative, diploid, p53 negative, epidermal growth factor receptor (EGFR) negative, and had a low S-phase fraction (though histology and tumor markers were not assessed centrally). Similarly, Korhonen, *et al.* noted that higher proportions of ILCs were ER+, PR+, and HER2 negative compared to IDCs in a Finnish series.³⁴ Lobular tumors were also more likely to have low proliferation rates. Several smaller studies (each with <80 lobular cases) have evaluated the expression of other markers in ILC vs. IDC and have found that lobular tumors are more likely to be p53 negative^{35,36} and to have a lower frequency of p53 mutations,³⁷ to overexpress cyclin D1,³⁸ and to be less likely to overexpress vascular endothelial growth factor (VEGF).^{36,39,40} Our set of well-defined lobular and ductal cancer cases greatly exceeds any of the previously reported studies in its size, and it is also the only one to be based on a population-based sample as all of the prior studies relied on single institutional case series. These results add to the now clear body of evidence demonstrating that numerous molecular differences underlie the unique histopathologic appearances of ductal and lobular tumors.

Aim 4:

No prior studies have evaluated how CHT use is related to risk of lobular breast cancer according to the expression of tumor markers. Here there are suggestions that CHT use may be more strongly related to risk of lobular tumors that do not express e-cadherin and have low p21 expression. However, the differences we observed here were not statistically significant and we will continue to further clarify these relationships as we continue to test more of the tumor tissue specimens we have collected.

d. I will lead the preparation of the multiple anticipated manuscripts that will describe the results of these two projects.

Project 1: As detailed above, the statistical analyses addressing the primary specific aims of this project are complete. We are currently in the process of finalizing a manuscript describing these results to be submitted for publication prior to the end of this calendar year. In addition, we anticipate preparing another manuscript using these data that evaluates the relationship between known breast cancer risk factors and risk of *in situ* breast

cancer among young women 20-44 years of age as there are few published studies that have reported on these associations.

Project 2: As detailed above, the statistical analyses addressing the primary specific aims of this project are complete. Given the greater breadth of the specific aims of this project compared to those of Project 1, we are preparing multiple manuscripts addressing Project 2's specific aims. Specifically we plan on submitting manuscripts with the following titles for publication within the next few months:

1. Use of menopausal hormone therapy in relation to risk of lobular, ductal-lobular, and ductal breast cancer
2. Reproductive history and risk of lobular, ductal-lobular, and ductal breast carcinomas
3. Anthropometric characteristics and lifestyle factors and risk of lobular, ductal-lobular, and ductal breast carcinomas
4. Relationship between menopausal hormone therapy use and clinical and molecular characteristics of lobular and ductal breast cancer

KEY RESEARCH ACCOMPLISHMENTS:

- Completed the largest epidemiologic study of lobular breast cancer conducted to date involving centralized histopathologic reviews and detailed assessments of all major known and suspected breast cancer risk factors.
- Documented key differences in the risk factor profiles of ductal vs. lobular breast cancer.
- Characterized numerous notable differences in the clinical and molecular characteristics of ductal vs. lobular breast cancer.
- Identified a set of clinical and tumor marker characteristics that are more strongly influenced by CHT use.
- Established rich resources for future studies evaluating other aspects of the etiologies of ductal vs. lobular breast cancer through the rich epidemiologic data collected, the tumor tissue specimens collected and tumor tissue microarrays constructed, the repository of blood and oral tissue specimens on cases and controls developed that can be utilized for future molecular and genetic studies, and the potential to expand this study through the collection of data from medical records, pharmacy records, and future participant contacts.

REPORTABLE OUTCOMES:

- This work was presented as an abstract at the 2011 Era of Hope Meeting (see Appendix 3).
- Multiple manuscripts describing the results of these projects are in preparation and many will be submitted for publication before the end of this calendar year. Funding from this award also helped support the publication of several additional related papers:
 1. Li CI, Daling JR. Changes in breast cancer incidence rates in the United States by histological subtype and race/ethnicity, 1995-2004. *Cancer Epidemiol Biomarker Prev* 2007;16:2773-2780.
 2. Mathes RW, Malone KE, Daling JR, Porter PL, Li CI. Relationship between histamine₂-receptor antagonist medications and risk of invasive breast cancer. *Cancer Epidemiol Biomarker Prev* 2008;17:67-72.
 3. Phipps AI, Malone KE, Porter PL, Daling JR, Li CI. Body size and risks of luminal, HER2-overexpressing, and triple-negative breast cancer among postmenopausal women. *Cancer Epidemiol Biomarker Prev* 2008;17:2078-2086.
 4. Phipps AI, Malone KE, Porter PL, Daling JR, Li CI. Reproductive and hormonal risk factors for postmenopausal luminal, HER2-overexpressing, and triple-negative breast cancer. *Cancer* 2008;113:1521-1526.
 5. Mathes RW, Malone KE, Daling JR, Davis S, Lucas SM, Porter PL, Li CI. Migraine in post-menopausal women and the risk of invasive breast cancer. *Cancer Epidemiol Biomarker Prev* 2008;17:3116-22.
 6. Beaber EF, Holt VL, Malone KE, Porter PL, Daling JR, Li CI. Reproductive factors, age at maximum height, and risk of three histologic types of breast cancer. *Cancer Epidemiol Biomarker Prev* 2008;17:3427-34.

7. Huang Y, Malone KE, Cushing-Haugen KL, Daling JR, Li CI. Relationship between menopausal symptoms and risk of postmenopausal breast cancer. *Cancer Epidemiol Biomarker Prev* 2011; 20:379-388.
- Multiple trainees have utilized data from this study including two Masters students in Epidemiology at the University of Washington (Robert Mathes and Yi Huang) and two PhD students in Epidemiology at the University of Washington (Amanda Phipps and Elisabeth Beaber). As shown above, each of these trainees took lead authorship roles on the papers they were involved in. In addition, one of Dr. Li's current post-doctoral fellows, Dr. Genevieve Monsees, is actively working on preparing some of the final Project 2 manuscripts for publication.
- A tumor tissue repository of paraffin embedded samples from breast cancer cases enrolled has been created. The tumor tissue microarrays constructed will be of particular value and utility for the high throughput assessment of novel tumor markers.
- A blood and oral tissue repository from breast cancer cases and controls has been created. These specimens will be of high value for future genetic and molecular epidemiologic studies.
- We have applied for funding to continue this line of research from the DOD BCRP. Dr. Li has a Era of Hope Scholar Award Expansion proposal and a Collaborative Innovator Award (involving a new collaboration with Dr. Arul Chinnaiyan) pending review.
- A copy of Dr. Li's current curriculum vitae is provided in Appendix 4.

CONCLUSION:

The results generated through Project 2 highlight that underlying the distinct histopathologic appearances of lobular vs. ductal breast carcinomas are unique risk factors and molecular profiles. While recent attention has focused on the distinct molecular subtypes of breast cancer (luminal A, luminal B, basal-like, HER2-overexpressing), lobular and ductal tumors predominantly fall into the luminal A group particularly when restricted to ER+ disease as we did in many of our analyses. So our results suggest that beyond the similarities in molecular features that lead to the clustering of these tumors together into the luminal A group that important etiologic differences persist that are relevant to breast cancer incidence, most notably with respect to use of menopausal hormone therapy and alcohol consumption. However, the reasons why these two exposures are more strongly related to risk of lobular compared to ductal tumors remain largely unknown. The tumor marker analyses we have conducted thus far offer some suggestions that menopausal hormone therapy may be influencing risk of lobular tumors with certain tumor marker profiles, but more work is needed to further clarify the contributing biological mechanisms. Through better understanding how risk factors differ in their associations with different subtypes of breast cancer, ultimately new prevention and treatment strategies can be developed to hopefully reduce the burden of this complex and heterogeneous disease.

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STUDY ID:
REFERENCE DATE: __ __ / 2 0 0 __
REFERENCE AGE: __ __ YEARS
INTERVIEWER: __ __ __ __ INITIALS ID#
DATE OF INTERVIEW: __ __ / __ __ / 2 0 __ __
INTERVIEW LENGTH: __ __ MINUTES
BREAKS: __ __ MINUTES

Coding and Edit #1	Study Manager Review	Key Entry
__ __ / 2 0 __ __	__ __ / 2 0 __ __	__ __ / 2 0 __ __
__ __ INITIALS	__ __ INITIALS	__ __ INITIALS



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TIME BEGAN: ____ : ____ AM1
PM.....2

SECTION A. INTRODUCTION

Some of the questions in this interview may be repetitive, but I need to ask them anyway. Please bear with me.

This is a calendar on which I will record certain events during the course of the interview. Most people find the calendar helps in remembering the order of past events. Some events are more easily remembered by age than by year of occurrence. So, I have attached this age strip to the calendar starting with your date of birth.

Most of the questions will be about the time period before a specific date. For you, this date has been established as (REFDATE). I've also marked this date on the calendar.

ALSO RECORD REFERENCE AGE AND DATE AT TOP OF CALENDAR.

As we go through the interview, other events in your life may help you to recall information. Please tell me about these when they occur to you, and I will record them on the calendar.

Do I have your permission to record this interview for quality control purposes?

A1. I've recorded your date of birth as (DOB), correct?

____ / ____ / 19 ____
MONTH DAY YEAR

A2. That would have made you in (REFAGE) in (REFDATE), correct?

AGE

A3. Did you have a cell phone in (REFDATE)?

YES 1
NO 2
DK 9

A4. Did you have a regular landline telephone located inside your home in (REFDATE)?

YES 1
NO 2 (INELIGIBLE, STOP INTERVIEW)
DK 9 (INELIGIBLE, STOP INTERVIEW)

A5. Was it a traditional telephone line (at least one telephone where the base unit plugs into a telephone jack), or was it telephone service over the internet? (CHOOSE ALL THAT APPLY)

TRADITIONAL [1]
VOICE OVER INTERNET [2]
OTHER [7]
DK [9]

A6. What were the area code and first five digits of your home telephone number?

(____) ____ ____
AREA CODE PREFIX NEXT TWO DIGITS

SECTION B. PREGNANCY HISTORY

The next section of the interview concerns your pregnancy history. This includes live births, stillbirths, miscarriages, abortions, and tubal and ectopic pregnancies.

B1. On or before (REFDATE), did you ever have any of the types of pregnancies listed on this card?

SHOW CARD B1/B3/B4

YES 1
 NO 2 (SECTION C)
 DK 9 (SECTION C)

B2. In (REFDATE) were you pregnant?

YES 1
 NO 2 (B3)
 DK 9 (B3)

B2a. How far along were you?

_____ WEEKS 1
 _____ MONTHS 2

B3. Prior to (REFDATE), please tell me how many of each of the following types of pregnancies you had:

SHOW CARD B1/B3/B4

(1) SINGLE LIVE BIRTH
 (2) MULTIPLE BIRTH, ANY LIVING
 (3) MULTIPLE BIRTH, NONE LIVING
 (4) STILLBIRTH
 (5) MISCARRIAGE
 (6) INDUCED ABORTION
 (7) ECTOPIC OR TUBAL
 (97) OTHER OUTCOME (SPECIFY) _____

B3a. So now let's count up the total number of pregnancies you have had (not including your pregnancy in REFDATE).

TOTAL NUMBER OF PREGNANCIES _____

MONTHS	WEEKS	MONTHS	WEEKS	MONTHS	WEEKS	MONTHS	WEEKS
1/4	1	2 3/4	12	5 1/4	23	7 3/4	34
1/2	2	3	13	5 1/2	24	8	35
3/4	3	3 1/4	14	5 3/4	25	8 1/4	36
1	4	3 1/2	15	6	26	8 1/2	37
1 1/4	5	3 3/4	16	6 1/4	27	8 3/4	38
(1 1/4)	6	4	17	6 1/2	28	9	39
1 1/2	7	4 1/4	18	6 3/4	29	9 1/4	40
1 3/4	8	(4 1/4)	19	7	30	9 1/2	41
2	9	4 1/2	20	(7 1/4)	31	9 3/4	42
2 1/4	10	4 3/4	21	7 1/4	32	10	43
2 1/2	11	5	22	7 1/2	33	10 1/4	44

Now I will ask some questions about (your pregnancy/each of your pregnancies) in the order that they occurred.

ASK B4 – B8 FOR EACH PREGNANCY BEFORE ASKING ABOUT THE NEXT PREGNANCY.

	1ST PREGNANCY	2ND PREGNANCY
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1/B3/ B4 </div> B4. What was the outcome of your (1 st /2 nd) pregnancy?	SINGLE LIVE BIRTH 01 } (B6) MULT, ANY LIVING # 02 } MULT, NONE LIVING # 03 } (B7b) STILLBIRTH 04 } MISCARRIAGE 05 } (B5) INDUCED ABORTION 06 } ECTOPIC OR TUBAL 07 } (B7a) OTHER (SPECIFY) 97 } _____	SINGLE LIVE BIRTH 01 } (B6) MULT, ANY LIVING # 02 } MULT, NONE LIVING # 03 } (B7b) STILLBIRTH 04 } MISCARRIAGE 05 } (B5) INDUCED ABORTION 06 } ECTOPIC OR TUBAL 07 } (B7a) OTHER (SPECIFY) 97 } _____
B5. ASK IF B4=5 MISCARRIAGE) How was this pregnancy confirmed: by a doctor, a home test, or some other method? (CODE ONLY ONE RESPONSE)	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)
B6. How much did (this baby/these babies) weigh at birth?	1. ____/____ lbs/oz or ____ g 2. ____/____ lbs/oz or ____ g (B7b) 3. ____/____ lbs/oz or ____ g 4. ____/____ lbs/oz or ____ g	5. ____/____ lbs/oz or ____ g 6. ____/____ lbs/oz or ____ g (B7b) 7. ____/____ lbs/oz or ____ g 8. ____/____ lbs/oz or ____ g
B7a. Counting from your last menstrual period, how many weeks did this pregnancy last?	_____ (B9) # WEEKS	_____ (B9) # WEEKS
B7b. How many months did this pregnancy last?	_____ # MONTHS	_____ # MONTHS
B8. How much weight did you gain during this pregnancy?	_____ POUNDS	_____ POUNDS
B9. In what month and year did this) pregnancy end/did you give birth)? (USING B7a or B7b and B9, IN BLUE PENCIL PUT "PRG" ON CALENDAR FOR THE 1ST & LAST MONTHS OF THE PREGNANCY & CONNECT WITH A LINE.)	_____/_____ MONTH YEAR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)	_____/_____ MONTH YEAR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)
B10. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby /any of these babies) at all?	YES 1 NO 2 (B4 OR SECTION C)	YES 1 NO 2 (B4 OR SECTION C)
B11. For how long did you breast feed? (USING B8 AND B10, IN BLUE PENCIL PUT "NUR" ON CALENDAR FOR THE 1ST & LAST MTHS OF NURSING & CONNECT WITH A LINE)	_____ # OF DAYS 1 WEEKS 2 MONTHS 3	_____ # OF DAYS 1 WEEKS 2 MONTHS 3

(B4 OR SECTION C)

(B4 OR SECTION C)

BEFORE SKIPPING TO SECTION C:

PROBE: "DID YOU HAVE ANY OTHER PREGNANCIES?"

PREGNANCY HISTORY (CONTINUED)

	3RD PREGNANCY	4TH PREGNANCY
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1/B3/B4 </div> <p>B4. What was the outcome of your (3rd/4th) pregnancy?</p>	SINGLE LIVE BIRTH 01 } (B6) MULT, ANY LIVING # 02 } MULT, NONE LIVING # 03 } (B7b) STILLBIRTH 04 } MISCARRIAGE 05 (B5) INDUCED ABORTION 06 } ECTOPIC OR TUBAL 07 } (B7a) OTHER (SPECIFY) 97 } _____	SINGLE LIVE BIRTH 01 } (B6) MULT, ANY LIVING # 02 } MULT, NONE LIVING # 03 } (B7b) STILLBIRTH 04 } MISCARRIAGE 05 (B5) INDUCED ABORTION 06 } ECTOPIC OR TUBAL 07 } (B7a) OTHER (SPECIFY) 97 } _____
<p>B5. ASK IF B4=5 MISCARRIAGE) How was this pregnancy confirmed: by a doctor, a home test, or some other method? (CODE ONLY ONE RESPONSE)</p>	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)
<p>B6. How much did (this baby/these babies) weigh at birth?</p>	9. ____ / ____ lbs/oz or ____ g 10. ____ / ____ lbs/oz or ____ g (B7b) 11. ____ / ____ lbs/oz or ____ g 12. ____ / ____ lbs/oz or ____ g	13. ____ / ____ lbs/oz or ____ g 14. ____ / ____ lbs/oz or ____ g (B7b) 15. ____ / ____ lbs/oz or ____ g 16. ____ / ____ lbs/oz or ____ g
<p>B7a. Counting from your last menstrual period, how many weeks did this pregnancy last?</p>	_____ (B9) # WEEKS	_____ (B9) # WEEKS
<p>B7b. How many months did this pregnancy last?</p>	_____ # MONTHS	_____ # MONTHS
<p>B8. How much weight did you gain during this pregnancy?</p>	_____ POUNDS	_____ POUNDS
<p>B9. In what month and year did this) pregnancy end/did you give birth)? (USING B7a or B7b and B9, IN BLUE PENCIL PUT "PRG" ON CALENDAR FOR THE 1ST & LAST MONTHS OF THE PREGNANCY & CONNECT WITH A LINE.)</p>	<div align="center"> ____ / ____ MONTH YEAR </div> <p>Let's now record this PRG on the calendar.</p> <p>(IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)</p>	<div align="center"> ____ / ____ MONTH YEAR </div> <p>Let's now record this PRG on the calendar.</p> <p>(IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)</p>
<p>B10. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby /any of these babies) at all?</p>	YES 1 NO 2 (B4 OR SECTION C)	YES 1 NO 2 (B4 OR SECTION C)
<p>B11. For how long did you breast feed? (USING B8 AND B10, IN BLUE PENCIL PUT "NUR" ON CALENDAR FOR THE 1ST & LAST MTHS OF NURSING & CONNECT WITH A LINE)</p>	<div align="center"> ____ # OF </div> DAYS 1 WEEKS 2 MONTHS 3	<div align="center"> ____ # OF </div> DAYS 1 WEEKS 2 MONTHS 3

(B4 OR SECTION C)

(B4 OR SECTION C)

BEFORE SKIPPING TO SECTION C:

PROBE: "DID YOU HAVE ANY OTHER PREGNANCIES?"

PREGNANCY HISTORY (CONTINUED)

	5TH PREGNANCY	6TH PREGNANCY
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1/B3/ B4 </div> <p>B4. What was the outcome of your (5th/6th) pregnancy?</p>	SINGLE LIVE BIRTH.....01 } (B6) MULT, ANY LIVING #.....02 } MULT, NONE LIVING #.....03 } (B7b) STILLBIRTH04 } MISCARRIAGE.....05 (B5) INDUCED ABORTION06 } ECTOPIC OR TUBAL.....07 } (B7a) OTHER (SPECIFY)97 } 	SINGLE LIVE BIRTH01 } (B6) MULT, ANY LIVING #.....02 } MULT, NONE LIVING #.....03 } (B7b) STILLBIRTH04 } MISCARRIAGE05 (B5) INDUCED ABORTION06 } ECTOPIC OR TUBAL07 } (B7a) OTHER (SPECIFY)97 }
B5. ASK IF B4=5 MISCARRIAGE) How was this pregnancy confirmed: by a doctor, a home test, or some other method? (CODE ONLY ONE RESPONSE)	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)
B6. How much did (this baby/these babies) weigh at birth?	17. ___ / ___ lbs/oz or ___ g 18. ___ / ___ lbs/oz or ___ g (B7b) 19. ___ / ___ lbs/oz or ___ g 20. ___ / ___ lbs/oz or ___ g	21. ___ / ___ lbs/oz or ___ g 22. ___ / ___ lbs/oz or ___ g (B7b) 23. ___ / ___ lbs/oz or ___ g 24. ___ / ___ lbs/oz or ___ g
B7a. Counting from your last menstrual period, how many weeks did this pregnancy last?	___ (B9) # WEEKS	___ (B9) # WEEKS
B7b. How many months did this pregnancy last?	___ # MONTHS	___ # MONTHS
B8. How much weight did you gain during this pregnancy?	___ POUNDS	___ POUNDS
B9. In what month and year did this) pregnancy end/did you give birth)? (USING B7a or B7b and B9, IN BLUE PENCIL PUT "PRG" ON CALENDAR FOR THE 1ST & LAST MONTHS OF THE PREGNANCY & CONNECT WITH A LINE.)	___ / ___ MONTH YEAR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)	___ / ___ MONTH YEAR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)
B10. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby /any of these babies) at all?	YES..... 1 NO 2 (B4 OR SECTION C)	YES 1 NO 2 (B4 OR SECTION C)
B11. For how long did you breast feed? (USING B8 AND B10, IN BLUE PENCIL PUT "NUR" ON CALENDAR FOR THE 1ST & LAST MTHS OF NURSING & CONNECT WITH A LINE)	___ # OF DAYS..... 1 WEEKS..... 2 MONTHS 3	___ # OF DAYS..... 1 WEEKS 2 MONTHS..... 3

(B4 OR SECTION C)

(B4 OR SECTION C)

BEFORE SKIPPING TO SECTION C:

PROBE: "DID YOU HAVE ANY OTHER PREGNANCIES?"

PREGNANCY HISTORY (CONTINUED)

	7TH PREGNANCY	8TH PREGNANCY
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1/B3/B4 </div> <p>B4. What was the outcome of your (7th/8th) pregnancy?</p>	SINGLE LIVE BIRTH 01 } (B6) MULT, ANY LIVING # 02 } MULT, NONE LIVING # 03 } (B7b) STILLBIRTH 04 } MISCARRIAGE 05 (B5) INDUCED ABORTION 06 } ECTOPIC OR TUBAL 07 } (B7a) OTHER (SPECIFY) 97 } _____	SINGLE LIVE BIRTH 01 } (B6) MULT, ANY LIVING # 02 } MULT, NONE LIVING # 03 } (B7b) STILLBIRTH 04 } MISCARRIAGE 05 (B5) INDUCED ABORTION 06 } ECTOPIC OR TUBAL 07 } (B7a) OTHER (SPECIFY) 97 } _____
<p>B5. ASK IF B4=5 MISCARRIAGE) How was this pregnancy confirmed: by a doctor, a home test, or some other method? (CODE ONLY ONE RESPONSE)</p>	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)	DOCTOR/LAB TEST 1 (B7a) HOME TEST 2 (B7a) NOT CONFIRMED 3 (B7a) OTHER METHOD (SPECIFY) 7 (B7a) DK 9 (B7a)
<p>B6. How much did (this baby/these babies) weigh at birth?</p>	25. ____ / ____ lbs/oz or ____ g 26. ____ / ____ lbs/oz or ____ g (B7b) 27. ____ / ____ lbs/oz or ____ g 28. ____ / ____ lbs/oz or ____ g	29. ____ / ____ lbs/oz or ____ g 30. ____ / ____ lbs/oz or ____ g (B7b) 31. ____ / ____ lbs/oz or ____ g 32. ____ / ____ lbs/oz or ____ g
<p>B7a. Counting from your last menstrual period, how many weeks did this pregnancy last?</p>	_____ (B9) # WEEKS	_____ (B9) # WEEKS
<p>B7b. How many months did this pregnancy last?</p>	_____ # MONTHS	_____ # MONTHS
<p>B8. How much weight did you gain during this pregnancy?</p>	_____ POUNDS	_____ POUNDS
<p>B9. In what month and year did this) pregnancy end/did you give birth)? (USING B7a or B7b and B9, IN BLUE PENCIL PUT "PRG" ON CALENDAR FOR THE 1ST & LAST MONTHS OF THE PREGNANCY & CONNECT WITH A LINE.)</p>	_____ / _____ MONTH YEAR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)	_____ / _____ MONTH YEAR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 OR SECTION C)
<p>B10. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby /any of these babies) at all?</p>	YES 1 NO 2 (B4 OR SECTION C)	YES 1 NO 2 (B4 OR SECTION C)
<p>B11. For how long did you breast feed? (USING B8 AND B10, IN BLUE PENCIL PUT "NUR" ON CALENDAR FOR THE 1ST & LAST MTHS OF NURSING & CONNECT WITH A LINE)</p>	_____ # OF DAYS 1 WEEKS 2 MONTHS 3	_____ # OF DAYS 1 WEEKS 2 MONTHS 3

(B4 OR SECTION C)

(B4 OR SECTION C)

BEFORE SKIPPING TO SECTION C:
PROBE: "DID YOU HAVE ANY OTHER PREGNANCIES?"

CONTINUATION BOOK? YES 1
 NO 2

SECTION C. MENSTRUATION HISTORY

Now I would like to ask you some questions about your menstrual history.

- C1.** Looking at the calendar, at what age did you have your first period?

AGE _____

NEVER..... 00 (C11)

Let's now record the approximate date of your first period on the calendar.

IF THE "FMP" MONTH OR SEASON CANNOT BE SPECIFIED, DROP STRAIGHT DOWN BIRTH MONTH COLUMN TO FMP AGE. COUNT OFF THE NEXT 5 MONTHS AND CODE "FMP". (DOB+5 RULE)

- C2.** At the time of your first period, about how much did you weigh?

POUNDS _____

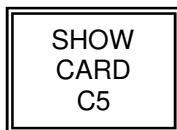
- C3.** At that time, how tall were you?

_____/_____
FT INCHES

- C4.** At some point, during the first year after starting your periods, did your periods become regular? That is could you predict within one week when your next period would begin?

YES..... 1
NO..... 2 (C6)
DK..... 9 (C6)

- C5.** How many months did it take after your first period for your periods to become regular?



1-3 MONTHS..... 1 (C8)
4-6 MONTHS..... 2 (C8)
7-9 MONTHS..... 3 (C8)
10-12 MONTHS..... 4 (C8)
DK..... 9 (C8)

- C6.** Have your periods ever been regular during times when you were not using birth control pills, shots or implants?

YES..... 1
NO..... 2 (C9)
DK..... 9 (C9)

- C7.** At what age did your periods become regular?

AGE _____

- C8.** Since your periods became regular, and excluding times you were (pregnant, nursing, or) using any type of hormones, have you ever gone 6 months or longer without a period? start stop

YES..... 1 When? ____/____/____ to ____/____/____
NO..... 2 ____/____/____ to ____/____/____
DK..... 9 ____/____/____ to ____/____/____

- C9.** Looking at the calendar, what was the month and year of your last menstrual period before (REFDATE)?

PUT
LMP
ON CAL

____/____
MONTH YEAR

Let's now record the last menstrual period on the calendar.

- C10.** What was your menstrual status in _____ (REF DATE MINUS ONE MONTH)?

SHOW
CARD
C10

PREGNANT OR NURSING 1
 STILL HAVING PERIODS 2 **(C14)**
 NOT HAVING PERIODS BECAUSE ON PILL/SHOTS 3
 GOING THROUGH MENOPAUSE OR CHANGE OF LIFE 4
 HAD SURGERY REMOVING THE UTERUS OR WOMB 5 **(C12)**
 PERIODS STOPPED BY RADIATION OR CHEMO 6
 NATURAL MENOPAUSE 7
 OTHER (SPECIFY) _____ 97
 DK 99

- C11.** Prior to (REFDATE) did you have a hysterectomy?

YES 1
 NO 2 **(C14)**
 DK 9 **(C14)**

- C12.** In what month and year did you have your hysterectomy?

PUT
HYS
ON
CAL

____/____
MONTH YEAR

Let's now record this operation on the calendar.

- C13.** Why did you have a hysterectomy (CODE ALL THAT APPLY)?

SHOW
CARD
C13

FIBROID TUMORS [1]
 PAINFUL BLEEDING [2]
 IRREGULAR OR HEAVY BLEEDING [3]
 CANCER (OVARY, ENDOMETRIUM/UTERUS, CERVIX) [4]
 ENDOMETRIOSIS [5]
 BIRTH CONTROL [6]
 OTHER (SPECIFY) _____ [7]
 DK [9]

- C14.** Before (REFDATE), did you ever have any surgery that removed any part of your ovaries? Please include any surgery on your ovaries, wedge resections of the ovaries, and cysts removed from the ovaries.

YES 1
 NO 2 **(C19)**
 DK 9 **(C19)**

- C15.** How many such surgeries did you have?

SURGERIES

I would like to ask you some additional information about (each of these surgeries/this surgery).

	C16. In what month and year did you have the (first/next) operation?	C17. What exactly was <u>removed</u> during that surgery? <div style="border: 1px solid black; padding: 5px; text-align: center;">SHOW CARD C17</div>	Let's now record this surgery on the calendar.
1 st	____/____ MONTH YEAR	ONE OVARY (TOTAL)1 ONE OVARY (PARTIAL)2 BOTH OVARIES (TOTAL)3 BOTH OVARIES (PARTIAL)4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL)5 CYST REMOVAL ONLY6 UNKNOWN OVARIAN STATUS9	<div style="border: 1px solid black; padding: 10px; text-align: center;">PUT OVR ON CAL</div>
2 nd	____/____ MONTH YEAR	ONE OVARY (TOTAL)1 ONE OVARY (PARTIAL)2 BOTH OVARIES (TOTAL)3 BOTH OVARIES (PARTIAL)4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL)5 CYST REMOVAL ONLY6 UNKNOWN OVARIAN STATUS9	<div style="border: 1px solid black; padding: 10px; text-align: center;">PUT OVR ON CAL</div>

CONTINUATION PAGE? YES..... 1
NO..... 2

C18. Just to check again, before (REFDATE) how many ovaries did you have left after all your surgeries?

SHOW
CARD
C18

HAVE BOTH OVARIES 1
 HAVE ONE FULL OVARY 2
 HAVE ONE FULL OVARY AND ONE PART OVARY 3
 HAVE PART OF BOTH OVARIES 4
 HAVE PART OF ONE OVARY 5
 HAVE NO OVARIES 6
 HAVE SOME REMAINING OVARY (UNSURE EXACT STATUS) 7
 UNSURE OF OVARY STATUS 9

Now I would like to ask you about certain diseases, and conditions you may have had.

	a. Before (REF DATE), did a doctor or other health professional ever tell you that you had (CONDITION)?	b. At what age did a doctor or other health professional <u>first</u> tell you that you had (CONDITION)?	
C19.	Cysts on the ovary? YES 1 NO 2 (C20) DK 9 (C20)	____ AGE	
C20.	Polycystic Ovarian Disease? YES 1 NO 2 (C21) DK 9 (C21)	____ AGE	
C21.	Endometriosis? YES 1 NO 2 (C22) DK 9 (C22)	____ AGE	
C22.	Fibroids or fibroid tumors in your uterus? YES 1 NO 2 (C23) DK 9 (C23)	____ AGE	
C23.	Pelvic inflammatory disease or PID? YES 1 NO 2 (SEC D) DK 9 (SEC D)	____ AGE	c. How many episodes of PID did you have? ____

SECTION D. CONTRACEPTIVE HISTORY

The next questions are about methods of birth control or family planning that you may have used before (REFDATE). On the show card we have listed a number of methods of birth control. Many of these forms of birth control can be used for reasons other than birth control including regulation of periods, headaches, and acne. We are interested in learning whether you have used any of the methods of birth control listed on this show card for any of the reasons listed here.

a. Before (REFDATE) ... <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;">SHOW CARD D1/D14</div>	b. For what reason(s) did you use (METHOD)?	c. When did you first use it? (RECORD ON CALENDAR)
D1. Did you ever use birth control pills? Yes 1 No 2 (D2) DK 9 (D2)	Birth control [1] Regulation of period [2] Acne [3] Endometriosis [4] Headaches [5] Other DK [99]	____/____ ____ MONTH YEAR <div style="background-color: #cccccc; padding: 2px 10px; display: inline-block;">PIL</div>
D2. Did you ever have a birth control shot or injection, such as Depo Provera? Yes 1 No 2 (D3) DK 9 (D3)	Birth control [1] Regulation of period [2] Acne [3] Endometriosis [4] Headaches [5] Other DK [99]	____/____ ____ MONTH YEAR <div style="background-color: #cccccc; padding: 2px 10px; display: inline-block;">SHO</div>
D3. Did you ever use a birth control patch, such as Ortho Evra? Yes 1 No 2 (D4) DK 9 (D4)	Birth control [1] Regulation of period [2] Acne [3] Endometriosis [4] Headaches [5] Other DK [99]	____/____ ____ MONTH YEAR <div style="background-color: #cccccc; padding: 2px 10px; display: inline-block;">PAT</div>

a. Before (REFDATE) ... <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;">SHOW CARD D1/D14</div>	b. When did you first use it? (RECORD ON CALENDAR)
D4. Did you ever use a birth control vaginal ring, such as Nuva Ring? Yes 1 No 2 (D5) DK 9 (D5)	____/____ ____ MONTH YEAR <div style="background-color: #cccccc; padding: 2px 10px; display: inline-block;">RNG</div>
D5. Did you ever use implants, such as Norplant? Yes 1 No 2 (D6) DK 9 (D6)	____/____ ____ MONTH YEAR <div style="background-color: #cccccc; padding: 2px 10px; display: inline-block;">IMP</div>
D6. Did you ever use an IUD? Yes 1 No 2 (D7) DK 9 (D7)	____/____ ____ MONTH YEAR <div style="background-color: #cccccc; padding: 2px 10px; display: inline-block;">IUD</div>

a. Before (REFDATE) ... <div style="border: 1px solid black; padding: 2px; display: inline-block;">SHOW CARD D1/D14</div>	b. When did you first use it? (RECORD ON CALENDAR)
D7. Did you ever use condoms? Yes 1 No 2 (D8) DK..... 9 (D8)	____/____ MONTH YEAR <div style="text-align: center;">CDM</div>
D8. Did you ever use a diaphragm, cap, or sponge? Yes 1 No 2 (D9) DK..... 9 (D9)	____/____ MONTH YEAR <div style="text-align: center;">DIA</div>
D9. Did you ever use birth control foam, jelly or suppositories? Yes 1 No 2 (D10) DK..... 9 (D10)	____/____ MONTH YEAR <div style="text-align: center;">FOM</div>
D10. Did you ever use the rhythm or withdrawal method? Yes 1 No 2 (D11) DK..... 9 (D11)	b. When did you first use one of these methods? ____/____ MONTH YEAR <div style="text-align: center;">RHY</div>
D11. Did you ever have a tubal ligation (have your tubes tied)? Yes 1 No 2 (D12) DK..... 9 (D12)	b. When did you have this done? ____/____ MONTH YEAR <div style="text-align: center;">TUB</div>
D12. Did you and your partner ever use vasectomy as a method of birth control? Yes 1 No 2 (D13) DK..... 9 (D13)	b. When did your partner have this done? ____/____ MONTH YEAR <div style="text-align: center;">VAS</div>
D13. Have you ever taken the morning after pill or emergency contraception? Yes 1 No 2 (D14 or SEC E) DK..... 9 (D14 or SEC E)	b. Before (REFDATE) how many times did you use it? <div style="text-align: center;">— —</div>

NOTE: IF YES TO ONLY NON-HORMONAL METHODS (D7-D12), SKIP TO SECTION E.

I'd like to record some more details on all of the methods of birth control you have used for any reason starting with the first method you've used. Let's use the calendar to get a clear picture of your birth control history.

FOLLOW THE INSTRUCTIONS IN A - E BELOW FOR EACH METHOD USED. AS YOU ASK ABOUT EACH TIME PERIOD, SHOW THE CALENDAR AND POINT TO THE LIFE EVENTS THAT DEFINE THAT PERIOD, THEN THE NEXT TIME PERIOD, ETC, UP TO THE REFERENCE DATE OR WHEN RESPONDENT INDICATES A PERMANENT METHOD OF BIRTH CONTROL (i.e., VASECTOMY, TUBAL LIGATION) AND NO FURTHER METHODS USED.

- A. Looking at the calendar, it appears that the first method of birth control you used was (EARLIEST METHOD REPORTED IN D1 – D13).
- B. When did you change methods or brands or dosages? RECORD STOP/CHANGE DATE ON THE CALENDAR. CONNECT "FIRST MONTH" TO "LAST MONTH" WITH A LINE OR A "Z".
- C. What was the next method you used? RECORD START DATE/METHOD ON THE CALENDAR.
- D. When did you change methods or brands or dosages? RECORD STOP/CHANGE DATE ON THE CALENDAR. CONNECT "FIRST MONTH" TO "LAST MONTH" WITH A LINE OR A "Z".
- E. REPEAT B-D FOR EACH METHOD THROUGH TO REFERENCE DATE OR PERMANENT METHOD OF BIRTH CONTROL.

IF RESPONDENT USED MORE THAN ONE NON-HORMONAL METHOD IN THE SAME PERIOD, CODE THEM ALL TOGETHER. CODE ALL HORMONAL METHODS SEPARATELY REGARDLESS OF OVERLAPPING USE.

ASK D14 THROUGH D24 BELOW FOR EACH HORMONAL METHOD USED.

PROBE FOR ALL EMPTY PERIODS OF TIME.

Now I am going to ask some more detailed questions about the methods of birth control you used that contained hormones.

	1ST METHOD	2ND METHOD
D14. The (first/next) type of hormonal birth control you used for <u>any</u> reason, was (SEE CALENDAR), correct? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D1/D14</div>	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9
D15. And you first started using (D14) in (SEE CALENDAR), correct?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D16. Which brand and dose did you use? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D16 & PHOTO BOOK</div>	_____ BRAND _____ CODE	_____ BRAND _____ CODE
D17. What pharmacy or clinic did you get this (TYPE OF CONTRACEPTION) from?	_____ _____	_____ _____
D18. What side effects or complications, if any, did you have while you were using this method? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D18</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
D19. In what month and year did you stop or change this brand, dose or method? <div style="background-color: #cccccc; padding: 2px; display: inline-block;">(RECORD ON CALENDAR)</div>	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D20. What were the main reasons you stopped using this method or changed the brand or dosage? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D20</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
SKIP PATTERN: If D14=1, 3, or 4 (PILL, PATCH, OR RING), CONTINUE TO D21 If D14=2 (SHOT), SKIP TO D24 If D14=5 or 6 (IMPLANT OR IUD), SKIP TO D14 OR SECTION E		
D21. While using this method, did you ever (take the active hormone pills/wear the patch/leave the ring inserted) continuously for longer than 3 weeks at a time? (<i>These hormones are usually taken for 3 wks on and 1 wk off. Some women take them continuously to prevent their periods.</i>)	YES 1 NO 2 (D14 OR SEC E) DK 9 (D14 OR SEC E)	YES 1 NO 2 (D14 OR SEC E) DK 9 (D14 OR SEC E)
D22. How many times did you do this?	____ (# OF TIMES)	____ (# OF TIMES)
D23. Each time you did this, how many (packs/patches/rings) did you use in a row? How many periods did you skip or try to skip? ENTER # PERIODS SKIPPED	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ (D14 OR SECTION E)	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ (D14 OR SECTION E)
D24. How often did you get the shot during this period? How many total shots did you get during this period?	Every month 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)	Every month 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)
USING THE CALENDAR, RECORD NEXT METHOD	(D14 OR SECTION E)	(D14 OR SECTION E)

CONTRACEPTIVE HISTORY (Continued)

	3RD METHOD	4TH METHOD
D14. The next type of hormonal birth control you used for <u>any</u> reason, was (SEE CALENDAR), correct? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D1/D14</div>	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9
D15. And you first started using (D14) in (SEE CALENDAR), correct?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D16. Which brand and dose did you use? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D16 & PHOTO BOOK</div>	_____ BRAND _____ CODE	_____ BRAND _____ CODE
D17. What pharmacy or clinic did you get this (TYPE OF CONTRACEPTION) from?	_____ _____ _____	_____ _____ _____
D18. What side effects or complications, if any, did you have while you were using this method? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D18</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
D19. In what month and year did you stop or change this brand, dose or method? <div style="background-color: #cccccc; padding: 2px; display: inline-block;">(RECORD ON CALENDAR)</div>	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D20. What were the main reasons you stopped using this method or changed the brand or dosage? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D20</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
SKIP PATTERN: If D14=1, 3, or 4 (PILL, PATCH, OR RING), CONTINUE TO D21 If D14=2 (SHOT), SKIP TO D24 If D14=5 or 6 (IMPLANT OR IUD), SKIP TO D14 OR SECTION E		
D21. While using this method, did you ever (take the active hormone pills/wear the patch/leave the ring inserted) continuously for longer than 3 weeks at a time? <i>(These hormones are usually taken for 3 wks on and 1 wk off. Some women take them continuously to prevent their periods.)</i>	YES 1 NO 2 (D14 OR SEC E) DK 9 (D14 OR SEC E)	YES 1 NO 2 (D14 OR SEC E) DK 9 (D14 OR SEC E)
D22. How many times did you do this?	_____ (# OF TIMES)	_____ (# OF TIMES)
D23. Each time you did this, how many (packs/patches/rings) did you use in a row? How many periods did you skip or try to skip? ENTER # PERIODS SKIPPED	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ <div style="text-align: center;">(D14 OR SECTION E)</div>	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ <div style="text-align: center;">(D14 OR SECTION E)</div>
D24. How often did you get the shot during this period? How many total shots did you get during this period?	Every month 1 Every 3 mos 2 Less often 3 # OF SHOTS <div style="text-align: center;">(If D24=3 RECORD SEPERATELY)</div>	Every month 1 Every 3 mos 2 Less often 3 # OF SHOTS <div style="text-align: center;">(If D24=3 RECORD SEPERATELY)</div>
USING THE CALENDAR, RECORD NEXT METHOD	(D14 OR SECTION E)	(D14 OR SECTION E)

CONTRACEPTIVE HISTORY (Continued)

	5TH METHOD	6TH METHOD
D14. The next type of hormonal birth control you used for <u>any</u> reason, was (SEE CALENDAR), correct? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D1/D14</div>	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9
D15. And you first started using (D14) in (SEE CALENDAR), correct?	<div style="text-align: center;"> _____/_____ MONTH YEAR </div>	<div style="text-align: center;"> _____/_____ MONTH YEAR </div>
D16. Which brand and dose did you use? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D16 & PHOTO BOOK</div>	<div style="text-align: center;"> _____ BRAND _____ CODE </div>	<div style="text-align: center;"> _____ BRAND _____ CODE </div>
D17. What pharmacy or clinic did you get this (TYPE OF CONTRACEPTION) from?	_____ _____ _____	_____ _____ _____
D18. What side effects or complications, if any, did you have while you were using this method? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D18</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
D19. In what month and year did you stop or change this brand, dose or method? <div style="background-color: #cccccc; padding: 2px; display: inline-block;">(RECORD ON CALENDAR)</div>	<div style="text-align: center;"> _____/_____ MONTH YEAR </div>	<div style="text-align: center;"> _____/_____ MONTH YEAR </div>
D20. What were the main reasons you stopped using this method or changed the brand or dosage? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D20</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
SKIP PATTERN: If D14=1, 3, or 4 (PILL, PATCH, OR RING), CONTINUE TO D21 If D14=2 (SHOT), SKIP TO D24 If D14=5 or 6 (IMPLANT OR IUD), SKIP TO D14 OR SECTION E		
D21. While using this method, did you ever (take the active hormone pills/wear the patch/leave the ring inserted) continuously for longer than 3 weeks at a time? <i>(These hormones are usually taken for 3 wks on and 1 wk off. Some women take them continuously to prevent their periods.)</i>	YES 1 NO 2 (D14 OR SEC E) DK 9 (D14 OR SEC E)	YES 1 NO 2 (D14 OR SEC E) DK 9 (D14 OR SEC E)
D22. How many times did you do this?	<div style="text-align: center;"> _____ (# OF TIMES) </div>	<div style="text-align: center;"> _____ (# OF TIMES) </div>
D23. Each time you did this, how many (packs/patches/rings) did you use in a row? How many periods did you skip or try to skip? ENTER # PERIODS SKIPPED	<div style="display: flex; justify-content: space-between;"> <div>1. _____</div> <div>4. _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2. _____</div> <div>5. _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3. _____</div> <div>6. _____</div> </div> <div style="text-align: center;"> (D14 OR SECTION E) </div>	<div style="display: flex; justify-content: space-between;"> <div>1. _____</div> <div>4. _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2. _____</div> <div>5. _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3. _____</div> <div>6. _____</div> </div> <div style="text-align: center;"> (D14 OR SECTION E) </div>
D24. How often did you get the shot during this period? How many total shots did you get during this period?	Every month 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)	Every month..... 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)
USING THE CALENDAR, RECORD NEXT METHOD	(D14 OR SECTION E)	(D14 OR SECTION E)

CONTRACEPTIVE HISTORY (Continued)

	7TH METHOD	8TH METHOD
D14. The next type of hormonal birth control you used for <u>any</u> reason, was (SEE CALENDAR), correct? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D1/D14</div>	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9
D15. And you first started using (D14) in (SEE CALENDAR), correct?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D16. Which brand and dose did you use? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D16 & PHOTO BOOK</div>	_____ BRAND _____ CODE	_____ BRAND _____ CODE
D17. What pharmacy or clinic did you get this (TYPE OF CONTRACEPTION) from?	_____ _____ _____	_____ _____ _____
D18. What side effects or complications, if any, did you have while you were using this method? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D18</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
D19. In what month and year did you stop or change this brand, dose or method? <div style="background-color: #cccccc; padding: 2px; display: inline-block;">(RECORD ON CALENDAR)</div>	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D20. What were the main reasons you stopped using this method or changed the brand or dosage? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D20</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
SKIP PATTERN: If D14=1, 3, or 4 (PILL, PATCH, OR RING), CONTINUE TO D21 If D14=2 (SHOT), SKIP TO D24 If D14=5 or 6 (IMPLANT OR IUD), SKIP TO D14 OR SECTION E		
D21. While using this method, did you ever (take the active hormone pills/wear the patch/leave the ring inserted) continuously for longer than 3 weeks at a time? <i>(These hormones are usually taken for 3 wks on and 1 wk off. Some women take them continuously to prevent their periods.)</i>	YES.....1 NO2 (D14 OR SEC E) DK.....9 (D14 OR SEC E)	YES.....1 NO2 (D14 OR SEC E) DK.....9 (D14 OR SEC E)
D22. How many times did you do this?	____ (# OF TIMES)	____ (# OF TIMES)
D23. Each time you did this, how many (packs/patches/rings) did you use in a row? How many periods did you skip or try to skip? ENTER # PERIODS SKIPPED	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ <div style="text-align: center;">(D14 OR SECTION E)</div>	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ <div style="text-align: center;">(D14 OR SECTION E)</div>
D24. How often did you get the shot during this period? How many total shots did you get during this period?	Every month 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)	Every month..... 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)
USING THE CALENDAR, RECORD NEXT METHOD	(D14 OR SECTION E)	(D14 OR SECTION E)

CONTRACEPTIVE HISTORY (Continued)

	9TH METHOD	10TH METHOD
D14. The next type of hormonal birth control you used for <u>any</u> reason, was (SEE CALENDAR), correct? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D1/D14</div>	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9	PILL 1 SHOT 2 PATCH 3 RING 4 IMPLANT 5 IUD 6 DK 9
D15. And you first started using (D14) in (SEE CALENDAR), correct?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D16. Which brand and dose did you use? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D16 & PHOTO BOOK</div>	_____ BRAND _____ CODE	_____ BRAND _____ CODE
D17. What pharmacy or clinic did you get this (TYPE OF CONTRACEPTION) from?	_____ _____ _____	_____ _____ _____
D18. What side effects or complications, if any, did you have while you were using this method? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D18</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
D19. In what month and year did you stop or change this brand, dose or method? <div style="background-color: #cccccc; padding: 2px; display: inline-block;">(RECORD ON CALENDAR)</div>	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
D20. What were the main reasons you stopped using this method or changed the brand or dosage? (CODE AS MANY AS APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D20</div>	_____ CODE _____ CODE _____ CODE	_____ CODE _____ CODE _____ CODE
SKIP PATTERN: If D14=1, 3, or 4 (PILL, PATCH, OR RING), CONTINUE TO D21 If D14=2 (SHOT), SKIP TO D24 If D14=5 or 6 (IMPLANT OR IUD), SKIP TO D14 OR SECTION E		
D21. While using this method, did you ever (take the active hormone pills/wear the patch/leave the ring inserted) continuously for longer than 3 weeks at a time? <i>(These hormones are usually taken for 3 wks on and 1 wk off. Some women take them continuously to prevent their periods.)</i>	YES.....1 NO2 (D14 OR SEC E) DK.....9 (D14 OR SEC E)	YES.....1 NO2 (D14 OR SEC E) DK.....9 (D14 OR SEC E)
D22. How many times did you do this?	____ (# OF TIMES)	____ (# OF TIMES)
D23. Each time you did this, how many (packs/patches/rings) did you use in a row? How many periods did you skip or try to skip? ENTER # PERIODS SKIPPED	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ <div style="text-align: center;">(D14 OR SECTION E)</div>	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ <div style="text-align: center;">(D14 OR SECTION E)</div>
D24. How often did you get the shot during this period? How many total shots did you get during this period?	Every month 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)	Every month..... 1 Every 3 mos..... 2 Less often 3 # OF SHOTS (If D24=3 RECORD SEPERATELY)

USING THE CALENDAR, RECORD NEXT METHOD

(D14 OR SECTION E)

(D14 OR SECTION E)

ASK IF ANY TYPE OF BIRTH CONTROL WAS USED DURING EMPTY PERIODS OF TIME.

CONT. PAGE? YES.....1
 NO2

SECTION E. HORMONE MEDICATION HISTORY

Now I have some questions about hormone medications you may have used.
If you have used something that you are not sure is a hormone, please tell me about it.

- E1.** Before (REFDATE), did you ever use any of the hormone medications listed on this show card? These hormones may have been in the form of a pill, shot, skin patch, vaginal cream, ring, or suppository.

SHOW CARD E1/E3

YES 1
 NO 2 (SECTION F)
 YES, DK IF HORMONE 3
 DK 9 (SECTION F)

- E2.** For what reasons did you use the hormone medication(s)? (CODE AS MANY AS APPLY).

SHOW CARD E2/E4

ACNE [1]
 EXCESSIVE HAIR GROWTH OR HIRSUTISM [2]
 ENDOMETRIOSIS [3]
 TO PREVENT MISCARRIAGE [4]
 PROBLEMS WITH OVARY (CYSTS ON OVARY) [5]
 POLYCYSTIC OVARIAN DISEASE [6]
 BREAST TENDERNESS OR PAIN [7]
 BENIGN BREAST LUMPS OR FIBROCYSTIC DISEASE [8]
 PMS OR PREMENSTRUAL SYNDROME [9]
 SEVERE MENSTRUAL CRAMPS [10]
 NO MENSTRUAL PERIODS OR TO BRING ON PERIODS [11]
 MENOPAUSAL SYMPTOMS SUCH AS HOT FLASHES [12]
 OTHER []

**IF MEDICATION IS NOT ON CARD E3/E4, SHOW D16.
 IF MEDICATION IS ON D16 GO BACK AND ENTER INTO SECTION D.**

HORMONE MEDICATIONS CONTINUED

ASK E3-E7 FOR ONE EPISODE OF USE BEFORE ASKING ABOUT NEXT EPISODE.

	HORMONE 1	HORMONE 2	HORMONE 3
E3. What was the name and dose of the (first/next) hormone you used? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOWCARD E1/E3</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">DOSE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CODE</div> <div style="display: flex; justify-content: space-between; font-size: small;"> PILL SHOT OTHER </div> <div style="margin-top: 10px;"> IF THIS HORMONE IS A CONTRACEPTIVE, ENTER INTO D14-D23 </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">DOSE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CODE</div> <div style="display: flex; justify-content: space-between; font-size: small;"> PILL SHOT OTHER </div> <div style="margin-top: 10px;"> IF THIS HORMONE IS A CONTRACEPTIVE, ENTER INTO D14-D23 </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">DOSE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CODE</div> <div style="display: flex; justify-content: space-between; font-size: small;"> PILL SHOT OTHER </div> <div style="margin-top: 10px;"> IF THIS HORMONE IS A CONTRACEPTIVE, ENTER INTO D14-D23 </div>
E4. What was the main reason you used this hormone? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOWCARD E2/E4</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">REASON FOR USE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CODE</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">REASON FOR USE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CODE</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">REASON FOR USE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CODE</div>
E5. In what month and year did you start using this medication?	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MONTH / YEAR</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MONTH / YEAR</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MONTH / YEAR</div>
E6. Before (REFDATE), when did you last use this medication?	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MONTH / YEAR</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MONTH / YEAR</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MONTH / YEAR</div>
E7. During this time period, for how long, <u>altogether</u> , did you use this medication?	<div style="text-align: center; margin-bottom: 5px;"># OF</div> DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 DK 9	<div style="text-align: center; margin-bottom: 5px;"># OF</div> DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 DK 9	<div style="text-align: center; margin-bottom: 5px;"># OF</div> DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 DK 9
	(E3 OR SECTION F)	(E3 OR SECTION F)	(E3 OR SECTION F)

CONTINUATION PAGE? YES.....1
NO.....2

SECTION F. FERTILITY HISTORY

F1. Before (REFDATE), were you ever prescribed any medications to help you become pregnant?

SHOW
CARD
F1/F2

YES 1
 NO 2 (F6)
 DK 9 (F6)

ASK F2 - F5 FOR ONE DRUG USE BEFORE ASKING ABOUT NEXT DRUG.

	F2. What was the name of the medication? <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">SHOW CARD F1/F2</div>	F3. In what month and year did you start taking (DRUG)? _____ / _____	F4. In what month and year did you stop taking (DRUG)? _____ / _____	F5. For how many cycles did you take (DRUG)? # OF CYCLES
1ST DRUG	_____ FERTILITY DRUG _____ CODE PILL SHOT OTHER	_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR	# OF CYCLES
2ND DRUG	_____ FERTILITY DRUG _____ CODE PILL SHOT OTHER	_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR	# OF CYCLES
3RD DRUG	_____ FERTILITY DRUG _____ CODE PILL SHOT OTHER	_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR	# OF CYCLES
4TH DRUG	_____ FERTILITY DRUG _____ CODE PILL SHOT OTHER	_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR	# OF CYCLES

**CONTINUATION PAGE? YES.....1
NO.....2**

ASK F6-F7 FOR ONE TREATMENT BEFORE ASKING ABOUT THE NEXT TREATMENT.

F6. Please tell me if you have ever received any of these other treatments that are used to help women get pregnant. Have you ever had...	F7. How many times did you have this treatment?
a. In vitro fertilization, embryo transfer or IVF/ET? YES 1 NO 2 (F6b) DK 9 (F6b)	# OF CYCLES
b. Gamete intrafallopian transfer or GIFT? YES 1 NO 2 (F6c) DK 9 (F6c)	# OF CYCLES
c. Zygote intrafallopian transfer, tubal embryo transfer or ZIFT/TET? YES 1 NO 2 (Section G) DK 9 (Section G)	# OF CYCLES

SECTION G. MEDICAL HISTORY

This next section is about your medical history including certain diseases, conditions, and surgeries you may have had and medications you may have used.

G1. Before (REFDATE), did you ever have a routine checkup by a doctor or other health professional?

YES 1
 NO 2 (G3)
 DK 9 (G3)

G2. Before (REFDATE), about how long had it been since your last routine checkup by a doctor or other health professional?

SHOW
CARD
G2

< 1 YEAR BEFORE REFDATE 1
 1 - <2 YEARS BEFORE REFDATE 2
 2 - <3 YEARS BEFORE REFDATE 3
 3 - <4 YEARS BEFORE REFDATE 4
 > 4 YEARS BEFORE REFDATE 5
 DK 9

G3. Before (REFDATE), did a doctor or other health professional ever tell you that you had **borderline** diabetes (including borderline diabetes during pregnancy)?

YES 1
 NO 2
 DK 9

G4. Before (REFDATE) did a doctor or other health professional ever tell you that you had diabetes (including diabetes during pregnancy but excluding borderline diabetes)?

YES 1
 NO 2
 DK 9 } (IF G3=NO OR DK, SKIP TO GG1)

G5. What types of diabetes have you been diagnosed with? (CODE ALL THAT APPLY)

TYPE 1 (JUVENILE/INSULIN DEPENDENT) [1]
 TYPE 2 (ADULT/NON-INSULIN DEPENDENT) [2]
 DIABETES DURING PREGNANCY [3]
 OTHER (SPECIFY) [7]
 DK [9]

G6. How old were you when you were first told that you had diabetes? PRESENT CALENDAR.

____ AGE FIRST DIAGNOSED

G7. Which of the following treatments have you used to treat your diabetes? (CODE ALL THAT APPLY)

SHOW
CARD
G7

<u>Treatment Type</u>	<u>Age First Used</u>	<u>Age Last Used</u>	<u>Total Duration</u>
NONE..... [00]			
Diet modification [01]	_____	_____	_____ yrs
Exercise [02]	_____	_____	_____ yrs
Weight reduction..... [03]	_____	_____	_____ yrs
Pills (oral hypoglycemics) [04]	_____	_____	_____ yrs
Insulin injections..... [05]	_____	_____	_____ yrs
Insulin pump..... [06]	_____	_____	_____ yrs

PAST HISTORY OF HEADACHES

All of the following questions refer to headaches you may have had when you were **NOT** sick with a cold or the flu, and refer to the time before (REFDATE).

GG1. Before (REFDATE) did you ever have a headache?

YES 1
NO 2 (G8)
DK 9 (G8)

GG2. Before (REFDATE) did you ever have a moderate to severe headache?

YES 1
NO 2 (GG11)
DK 9

GG3. Did you ever experience nausea or vomiting when you had a headache?

YES 1
NO 2
DK 9

GG4. Did you ever experience sensitivity to light or sound when you had a headache?

YES 1
NO 2
DK 9

*If **NO** to both GG3 **AND** GG4, skip to GG11.*

GG5. Did you ever have a headache that lasted more than four hours?

YES 1
NO 2
DK 9

GG6. Did you ever have a headache that was located on only one side of your head?

YES 1
NO 2
DK 9

GG7. Did you ever have a throbbing or pounding headache?

YES 1
NO 2
DK 9

GG8. Did you ever have a headache that was made worse by routine physical activity?

YES 1
NO 2
DK 9

GG9. Before (REFDATE), did you experience any visual disturbances such as flickering lights, spots, and lines, or loss of vision before or during a headache?

YES 1
NO 2
DK 9

GG10. Before (REFDATE), have you ever had a migraine that may or may not have been diagnosed by a health care provider?

YES 1 (GG13)
NO 2
DK 9 (GG13)

*If **YES** or **DK** to **at least two** between GG5 and GG8, skip to GG13.*

*If **YES** or **DK** to **only one** between GG5 and GG8 and **NO** or **DK** to GG9, then skip to PAST HISTORY OF PAIN MEDICATION USE (G8).*

*If **YES** to GG9, skip to GG13.*

*If **NO** to **ALL** between GG5 and GG10, skip to PAST HISTORY OF PAIN MEDICATION USE (G8).*

GG11. Did you ever experience any visual disturbances such as flickering lights, spots, and lines, or loss of vision before or during a headache?

YES 1
NO 2 (G8)
DK 9 (G8)

GG12. Before (REFDATE), have you ever had a migraine that may or may not have been diagnosed by a health care provider?

YES 1
NO 2
DK 9

GG13. How old were you when you first had a moderate or severe headache, or migraine?

AGE HEADACHES STARTED: ____ YEARS

GG14. How old were you when your moderate or severe headaches, or migraines, stopped? *(If still having moderate or severe headaches, or migraines, enter REFAGE.)*

AGE HEADACHES STOPPED: ____ YEARS

GG15. Between the ages of ____ (GG13 AGE) and ____ (GG14 AGE), on average, how many such headaches did you have per week, month, or year?

____ HEADACHES

PER WEEK 2
PER MONTH 3
PER YEAR 4

GG16. Did you ever have (moderate or severe headaches / migraines) that started right before your period or during the week of your period that included sensitivity to light or sound, nausea, or throbbing, or which lasted more than four hours?

YES 1
NO 2 (GG18)
DK 9 (GG18) } *If B1 is **NO** or **DK** (no pregnancies on or before REFDATE), skip to **G8**.*

GG17. When you had a headache during your period, when did it typically occur? A few days before your period, in the first few days of your period, toward the end of your period, or a combination of these times? (CHECK ALL THAT APPLY.)

IN THE FEW DAYS PRIOR TO MENSTRUATION [1]
 IN THE FIRST FEW DAYS OF MENSTRUATION [2]
 TOWARD THE END OF MENSTRUATION [3]
 DK [9]

If B1 is **NO** or **DK** (no pregnancies on or before REFDATE), skip to **G8**.

GG18. Did you ever have (moderate or severe headaches / migraines) while you were pregnant that included sensitivity to light or sound, nausea, or throbbing, or which lasted more than four hours?

YES 1
 NO 2 (G8)
 DK 9 (G8)

Ask only if **B7a** is **7 months or greater** for any pregnancy. Otherwise, skip to **G8**.

GG19. On average, how often did your headaches, or migraines, occur during your

GG19a. First trimester? ___ ___ HEADACHES
 PER WEEK 2
 PER MONTH 3

GG19b. Second trimester? ___ ___ HEADACHES
 PER WEEK 2
 PER MONTH 3

GG19c. Third trimester? ___ ___ HEADACHES
 PER WEEK 2
 PER MONTH 3

PAST HISTORY OF PAIN MEDICATION USE

Please look at this show card. I would like to ask you about medications you may have taken, since you were 18 years old, for headaches, pain relief, or joint pain. Some are available over the counter, and some are only available by prescription. We are interested in medicines like aspirin, Tylenol, Motrin, Advil, Aleve, or Celebrex.

G8. Did you use any of these medications since you were 18 years old?

SHOWCARD G8/G9/G10

YES 1
 NO 2 (G11)
 DK 9 (G11)

G9. Have you ever used any of the medications at least once a week for two months in a row or longer since you were 18 years old?

YES 1
 NO 2 (G11)
 DK 9 (G11)

G10. PAIN MEDICATIONS: At least 1 time a week, for 2 consecutive months, since age 18.

	1 ST	2 ND	3 RD	4 TH	5 TH
a. What was the name of the (first/next) medication you took?	_____ — CODE —	_____ — CODE —	_____ — CODE —	_____ — CODE —	_____ — CODE —
b. When did you start taking it?	____ / ____ MO YEAR	____ / ____ MO YEAR	____ / ____ MO YEAR	____ / ____ MO YEAR	____ / ____ MO YEAR
c. Why did you use this medication? (CODE AL THAT APPLY) <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">SHOW CARD G10c</div>	PAIN RELIEF ...[1] HEADACHES...[2] MIGRAINES[3] ARTHRITIS[4] OTHER _____ DK[9]	PAIN RELIEF ...[1] HEADACHES ..[2] MIGRAINES[3] ARTHRITIS[4] OTHER _____ DK[9]	PAIN RELIEF...[1] HEADACHES ..[2] MIGRAINES[3] ARTHRITIS[4] OTHER _____ DK[9]	PAIN RELIEF ...[1] HEADACHES ...[2] MIGRAINES[3] ARTHRITIS[4] OTHER _____ DK[9]	PAIN RELIEF ...[1] HEADACHES ...[2] MIGRAINES[3] ARTHRITIS[4] OTHER _____ DK[9]
d. On average, how many pills did you take per day, week, or month?	____ . ____ PILLS DAY 1 WEEK 2 MONTH 3	____ . ____ PILLS DAY 1 WEEK 2 MONTH 3	____ . ____ PILLS DAY 1 WEEK 2 MONTH 3	____ . ____ PILLS DAY 1 WEEK 2 MONTH 3	____ . ____ PILLS DAY 1 WEEK 2 MONTH 3
e. What dose did you take? (PER PILL)	____ . ____ mg 1 OTHER _____ DK 9	____ . ____ mg 1 OTHER _____ DK 9	____ . ____ mg 1 OTHER _____ DK 9	____ . ____ mg 1 OTHER _____ DK 9	____ . ____ mg 1 OTHER _____ DK 9
f. When did you stop taking it use a different dose, or change pattern of use?	____ / ____ MO YEAR (GET DETAILS AND RECORD EPISODES AS NEEDED) NO CHANGE...1	____ / ____ MO YEAR (GET DETAILS AND RECORD EPISODES AS NEEDED) NO CHANGE...1	____ / ____ MO YEAR (GET DETAILS AND RECORD EPISODES AS NEEDED) NO CHANGE...1	____ / ____ MO YEAR (GET DETAILS AND RECORD EPISODES AS NEEDED) NO CHANGE...1	____ / ____ MO YEAR (GET DETAILS AND RECORD EPISODES AS NEEDED) NO CHANGE...1

PROBE: Did you use any of the other medications on this show card once a week for two months or longer?

CONTINUATION PAGE? YES 1
 NO 2

If **Yes** to **GG12**, "Now I would like to ask you about any prescription medications you may have used to treat your migraines. I need to start by asking you" (Go to **G11**).
Otherwise, go directly to **G11**.

PAST HISTORY OF MIGRAINE MEDICATION USE

G11. Before (REFDATE), did a health care provider ever tell you that you had migraine headaches? YES 1 NO 2 (G15)	G12. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had migraine headaches? <div style="text-align: center;"> AGE FIRST DIAGNOSED MARK 'MIG DX' ON CALENDAR </div>	G13. Before (REFDATE), did you ever take <u>prescription</u> medication for migraines? YES 1 NO 2 (G15) DK 9 (G15)	G14. What age did you begin taking <u>prescription</u> medication for migraines? <div style="text-align: center;"> AGE Began MEDS MARK 'MIG RX' ON CALENDAR / ESTIMATED DATE BEGAN (MM/YYYY) </div>
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G15. Between age 18 and (REFDATE), did you ever use **any** medications *that we have not already discussed*, either prescription or over the counter, for migraines or headaches? We have a show card of some medications which may help you recall the ones you may have used.

SHOW
CARD G15

YES 1
 NO 2 (**G16**)
 DK 9 (**G16**)

 # of medications

	a. Medication Name	b. Strength (What dose did you take)	c. Dose Units (mg, mcg, gm, IU, other)	d. Code	e. Drug Class Pain =01 Antidep =02 Antihyp =03	f. When did you first use this medication? (mm/yyyy)	g. When did you last use this medication? (mm/yyyy)	h. Between this time, how often did you take this medication? Per: Dy=1, Wk=2, Mo=3, Yr=4	i. Was this taken on an <u>as-needed</u> basis?
1								____ . ____ 1 2 3 4	Yes 1 No 2
2								____ . ____ 1 2 3 4	Yes 1 No 2
3								____ . ____ 1 2 3 4	Yes 1 No 2
4								____ . ____ 1 2 3 4	Yes 1 No 2
5								____ . ____ 1 2 3 4	Yes 1 No 2

PROBE: Did you use any of the other medications
IF YES, GO TO NEXT USE. IF NO, GO TO G16

CONTINUATION PAGE? YES 1
NO 2

PAST HISTORY OF ANTIDEPRESSANT MEDICATION USE

G16. Before (REFDATE), did a health care provider ever tell you that you had depression? YES.....1 NO.....2 (G20)	G17. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had depression? AGE FIRST DIAGNOSED MARK 'DEP DX' ON CAL	G18. Before (REFDATE), did you ever take <u>prescription</u> medication for depression? YES.....1 NO.....2 (G20) DK.....9 (G20)	G19. What age did you begin taking <u>prescription</u> medication for depression? AGE BEGAN MEDS MARK 'DEP RX' ON CAL ____/____/____ ESTIMATED DATE BEGAN
--	--	---	--

G20. Between age 18 and (REFDATE), did you ever use **any prescription** medications listed on this card that we have not already recorded? They are commonly prescribed for **depression, pain, mood disorders, anxiety disorders, premenstrual symptoms, and sleeping problems.**

YES.....1
 NO.....2 (G21)
 DK.....9 (G21)

SHOW CARD
G20 AND BOOK

Starting when you were 18 years old what was the (first/next) of these medications you took?

medications

	a. Medication Name	b. Strength	c. Dose Units (mg, mcg, gm, IU, other)	d. Code	e. - Number pills (or other) <u>prescribed</u> - Per: Dy=1, Wk=2, Mo=3, Yr=4 - Was this taken on an <u>as-needed</u> basis? Y=1 N=2	f. When, if ever, did you first use this medication as <u>prescribed</u> ? (mm/yyyy) (SKIP TO G20i IF DATE GIVEN)	g. On average, before (REFDATE) how many pills/other did you actually take per: dy (1), wk (2), mo (3) or yr (4) ?
1	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
2	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
3	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
4	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
5	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
6	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
7	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
8	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	
9	_____	_____.____	_____	_____.____	_____.____/1 2 3 4 2	_____.____/1 2 3 4	

PROBE: Did you use any of the other medications **IF YES, GO TO NEXT USE. IF NO, GO TO G21**

PAST HISTORY OF ANTIDEPRESSANT MEDICATION USE CONTINUED

	h. When did you first use this medication as you just described? (mm/yyyy)	i. When did you last use this medication (as prescribed at this rate)? (mm/yyyy)	j. You used this medication mainly for what condition? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD G20k</div>	k. Did you ever use a different dose, or ever change the number of times per (dy/wk/mo/yr) you took this medication (from what your dr prescribed)? Y=1 (GET DETAILS) N=2 (ANY OTHERS)
1	___/___	___/___	_____	1 2
2	___/___	___/___	_____	1 2
	___/___	___/___	_____	1 2
4	___/___	___/___	_____	1 2
5	___/___	___/___	_____	1 2
6	___/___	___/___	_____	1 2
7	___/___	___/___	_____	1 2
8	___/___	___/___	_____	1 2
9	___/___	___/___	_____	1 2

CONTINUATION PAGE? YES.....1
NO.....2

HISTORY OF VARIOUS ILLNESSES

	a. Before (REFDATE), did a health care provider ever tell you that you had any of the following medical conditions?	b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had (CONDITION)?	c. Before (REFDATE), did you ever take prescription medication for this condition?	d. What age did you begin taking prescription medication for (CONDITION)?
G21.	Systemic Lupus? YES 1 NO 2 (G22) DK 9 (G22)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 (G22) DK..... 9 (G22)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN
G22.	Acne? YES 1 NO 2 (G23) DK 9 (G23)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 (G23) DK..... 9 (G23)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN
G23.	Asthma? YES 1 NO 2 (G24) DK 9 (G24)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 (G24) DK..... 9 (G24)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN
G24.	Hay fever? YES 1 NO 2 (G25) DK 9 (G25)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 (G25) DK..... 9 (G25)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN
G25.	Tuberculosis? YES 1 NO 2 (G26) DK 9 (G26)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 (G26) DK..... 9 (G26)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN
G26.	Upper Respiratory Infections? YES 1 NO 2 (G27) DK 9 (G27)		YES 1 NO 2 (G27) DK..... 9 (G27)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN

	a. Before (REFDATE), did a health care provider ever tell you that you had a urinary tract infection?	b. How old were you when you had your first urinary tract infection?	c. How old were you the last time you had a urinary tract infection?	d. Before (REFDATE), how many times have you had a urinary tract infection?	e. Before (REFDATE), did you ever take prescription medication for a urinary tract infection?	f. How old were you when you first took a prescription medication for a urinary tract infection? So that would have been around (DATE EST)?
G27.	YES 1 NO 2 (G28) DK 9 (G28)	_____ AGE FIRST INFECTION	_____ AGE LAST INFECTION	_____ # OF TIMES	YES 1 NO 2 (G28) DK 9 (G28)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE BEGAN

PAST HISTORY OF ANTIBIOTIC MEDICATION USE

G28. Between _____ (REFDATE - 5 YEARS) and (REFDATE), did you ever take **any prescription antibiotics** continuously for more than 1 month at a time? We have two show cards of some medications which may help you recall the ones you may have used.

SHOW CARD G28/29	YES1 NO2 (G30) DK9 (G30)
------------------------	--

G29. Starting five years before (REFDATE), what was the (first/next) antibiotic medication you used continuously for more than one month at a time?

ASK a – d FOR ONE ANTIBIOTIC BEFORE MOVING ON TO THE NEXT.

	1 ST	2 ND	3 RD	4 TH	5 TH
a. What was the name of the (first/next) antibiotic you took?	_____	_____	_____	_____	_____
	___ CODE . ___	___ CODE . ___	___ CODE . ___	___ CODE . ___	___ CODE . ___
b. When did you start taking it?	MO ___ / YEAR ___	MO ___ / YEAR ___	MO ___ / YEAR ___	MO ___ / YEAR ___	MO ___ / YEAR ___
c. Why did you use this medication? (CIRCLE ALL THAT APPLY)	ACNE [1] TB [2] COLD/FLU/URTI ... [3] SKIN INFECTION.. [4] UTI [5] OTHER DK [9]	ACNE [1] TB [2] COLD/FLU/URTI... [3] SKIN INFECTION.. [4] UTI [5] OTHER DK [9]	ACNE [1] TB [2] COLD/FLU/URTI... [3] SKIN INFECTION. [4] UTI [5] OTHER DK [9]	ACNE [1] TB [2] COLD/FLU/URTI ... [3] SKIN INFECTION.. [4] UTI [5] OTHER DK [9]	ACNE [1] TB [2] COLD/FLU/URTI... [3] SKIN INFECTION.. [4] UTI [5] OTHER DK [9]
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> SHOW CARD 29c </div>				
d. When did you stop taking it?	MO ___ / YEAR ___	MO ___ / YEAR ___	MO ___ / YEAR ___	MO ___ / YEAR ___	MO ___ / YEAR ___
e. During this period, how many months total did you use it?	___ months	___ months	___ months	___ months	___ months

PROBE: Did you use any of the other medications on Show card G28/G29?
IF YES, GO TO NEXT USE. IF NO, GO TO G30.

**CONTINUATION PAGE? YES.....1
 NO.....2**

PAST HISTORY OF GI MEDS

G30. Before (REFDATE), did a doctor or other health professional ever tell you that you had a peptic, stomach, gastric or duodenal ulcer? YES.....1 NO.....2 (G34) DK.....9 (G34)	G31. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had an ulcer? AGE FIRST DIAGNOSED MARK ON CAL AS 'ULC DX'	G32. Before (REFDATE), did you ever take prescription medication for ulcers? YES..... 1 NO..... 2 (G34) DK..... 9 (G34)	G33. What age did you begin taking prescription medication for ulcers? AGE BEGAN MEDS MARK 'ULC RX' ON CALENDAR ____/____/____ ESTIMATED DATE BEGAN
---	--	--	---

<div style="border: 1px solid black; padding: 2px; width: fit-content;">SHOW CARD G34-38</div>	a. Before (REFDATE), did you ever take any of the following medications for one week or longer?	b. When did you first start taking (MED)?	c. When did you last take (MED)?	d. During that time, did you ever stop taking this medication for six months or more?	e. Before (REFDATE), for how many weeks, months, or years, altogether , did you take (MEDICATION?)
G34.	Tagamet/cimetidine YES..... 1 NO..... 2 (G35) DK..... 9 (G35)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2	____ # OF WEEKS.....1 MONTHS.....2 YEARS.....3
G35.	Zantac/ranitidine YES..... 1 NO..... 2 (G36) DK..... 9 (G36)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2	____ # OF WEEKS.....1 MONTHS.....2 YEARS.....3
G36.	Pepcid/famotidine YES..... 1 NO..... 2 (G37) DK..... 9 (G37)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2	____ # OF WEEKS.....1 MONTHS.....2 YEARS.....3
G37.	Axid/nizatidine YES..... 1 NO..... 2 (G38) DK..... 9 (G38)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2	____ # OF WEEKS.....1 MONTHS.....2 YEARS.....3
G38.	Other drug for ulcers, heartburn? YES..... 1 (NAME) a. _____ b. _____ NO..... 2 (G39) DK..... 9 (G39)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2 YES..... 1 NO..... 2	____ # OF WEEKS.....1 MONTHS.....2 YEARS.....3 ____ # OF WEEKS.....1 MONTHS.....2 YEARS.....3

	a. Before (REFDATE), have you ever had any of these conditions?	b. How old were you when you first had symptoms of (CONDITION)?	c. How old were you when (CONDITION) was first diagnosed by a physician or other health professional?	d. How old were you when you last had (CONDITION)?	e. How many times has (CONDITION) recurred?
G39.	Mononucleosis or mono? YES 1 NO 2 (G40) DK 9 (G40)	_____ FIRST AGE	_____ AGE 1 st DIAGNOSED	_____ LAST AGE	_____ # TIMES
G40.	Epstein-Barr Virus (EBV)? YES 1 NO 2 (G41) DK 9 (G41)	_____ FIRST AGE	_____ AGE 1 st DIAGNOSED	_____ LAST AGE	_____ # TIMES
G41.	Chronic Fatigue Syndrome? YES 1 NO 2 (G42) DK 9 (G42)	_____ FIRST AGE	_____ AGE 1 st DIAGNOSED	_____ LAST AGE	_____ # TIMES
G42.	Repeated/recurrent sore throats? YES 1 NO 2 (G43) DK 9 (G43)	_____ FIRST AGE	_____ AGE 1 st OCCURED	_____ LAST AGE	_____ # TIMES

G43. Before (REFDATE), did you have your tonsils removed?
YES.....1
NO2 (**G45**)
DK.....9 (**G45**)

G44. How old were you at the time?

AGE SURGERY

“CURRENT” PRESCRIPTION MEDICATION HISTORY

G45a. Are there any prescription medications you were taking in (REFDATE) that we haven't already discussed?

YES 1

NO 2 (SECTION H)

If yes, we would actually like to see the bottles or packages if possible so we may accurately record the name and dose if you still have them.

Medications

Now let's record all of these prescription medications.

	b. Medication Name	c. Strength	d. Dose units (mg, mcg, gm, I.U., or other)	e. You used this medication mainly for what condition? IF MORE DETAILED INFORMATION ON THIS DRUG SHOULD HAVE BEEN COLLECTED IN A PREVIOUS SECTION BUT WAS NOT, RETURN TO THE SECTION WHERE IT SHOULD HAVE BEEN COMPLETED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

CONTINUATION PAGE? YES.....1
NO.....2

SECTION H. MAMMOGRAPHY AND BREAST SURGERY

The next questions are about breast exams and surgeries. A breast physical exam is when the breast is felt by a doctor or other health professional, to check for lumps.

H1. Before (REFDATE), did you ever have a breast **physical** exam?

YES 1
 NO 2 (H4)
 DK 9 (H4)

H2. How old were you when you first had a breast **physical** exam?

 AGE

H3. As of _____ (REFDATE MINUS ONE YEAR), when was the last time that you had a breast **physical** exam? This is one year before your reference date.

WITHIN 1 YEAR BEFORE GIVEN DATE (1-11 MO) 1
 B/W 1 - 2 YRS BEFORE GIVEN DATE (12-23 MO)..... 2
 B/W 2 - 3 YRS BEFORE GIVEN DATE (24-35 MO)..... 3
 B/W 3 - 5 YRS BEFORE GIVEN DATE (36-59 MO)..... 4
 5 OR MORE YRS BEFORE GIVEN DATE (60+ MO)..... 5
 DK 9

H4. Before or in (REFDATE), had you **ever** had a mammogram? (A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.)

YES 1
 NO 2 (H11)
 DK 9 (H11)

H5. When did you have your **first** mammogram?

____/_____
 MO YEAR

Let's now record your first mammogram on the calendar ("MAM").

**IF R CANNOT IDENTIFY A MONTH OR SEASON, USE THE JUNE RULE FOR MONTH.
 CODE "MAM" IN THE JUNE OF THE YEAR SHE WAS AGE REPORTED IN H5**

H6. What is the **main** reason you had this mammogram? (RECORD ONLY ONE RESPONSE)

SHOW
 CARD
 H6/H9

PART OF A ROUTINE PHYSICAL EXAM/A SCREENING TEST.. 1
 BECAUSE OF A SPECIFIC BREAST PROBLEM..... 2
 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3
 FOLLOW-UP TO A SUSPICIOUS PREVIOUS MAMMOGRAM.... 4
 FAMILY HISTORY OF BREAST CANCER..... 5
 OTHER (SPECIFY) 7
 DK..... 9

H7. Before or in (REFDATE), did you have any other mammograms?

YES 1
 NO 2 (H10)
 DK 9 (H10)

MAMMOGRAM HISTORY

Now, I'd like to record information about the mammograms you have.

ASK H8-H9 FOR ONE MAMMOGRAM BEFORE ASKING ABOUT NEXT MAMMOGRAM.

	H8. Looking at the calendar, in what year did you have your (most recent /next?) mammogram prior to REFDATE?	Let's now record this on the calendar. CODE IN JUNE OF H8 YEAR IF EXACT MO NOT KNOWN. (JUNE RULE)	H9. What was the main reason you had this mammogram? (RECORD ONLY ONE RESPONSE) <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">SHOW CARD H6 /H9</div>
2 ND TO LAST MAM	— YEAR —	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER (SPECIFY) 7 DK 9
3 RD TO LAST MAM	— YEAR —	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER (SPECIFY) 7 DK 9
4 RD TO LAST MAM	— YEAR —	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER (SPECIFY) 7 DK 9
5 TH TO LAST MAM	— YEAR —	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER (SPECIFY) 7 DK 9
6 TH TO LAST MAM	— YEAR —	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER (SPECIFY) 7 DK 9

CONTINUATION PAGE?

YES..... 1

NO..... 2

H10. So throughout your life, how many total mammograms have you had as of (REFDATE)?

____ # MAMMOGRAMS

H11. Before (REFDATE), did you ever have any type of breast surgery or procedure for any reason?
(**Cases:** Other than for your breast cancer?)

SHOW CARD H11/H12	YES.....1
	NO2 (H19 FOR CASES, SECTION I FOR CONTROLS)
	DK.....9 (H19 FOR CASES, SECTION I FOR CONTROLS)

SHOW CARD H11/H12	H12. Which of the following types of procedures did you have before (REFDATE)? (POINT AND READ EACH PROCEDURE AND CODE ALL THAT APPLY)	H13. How many times have you had this procedure?	H14. On which breast was this procedure performed?	H15. How old were you the last time you had this done?
	TOTAL REMOVAL OF BREAST[01]	— —	RT LT BOTH DK	— —
	CYST REMOVAL.....[02]	— —	RT LT BOTH DK	— —
	BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST[03]	— —	RT LT BOTH DK	— —
	ASPIRATION/NEEDLE BIOPSY[04]	— —	RT LT BOTH DK	— —
	IMPLANT SURGERY (TISSUE)[05]	— —	RT LT BOTH DK	— —
	IMPLANT SURGERY (SILICONE) .[06]	— —	RT LT BOTH DK	— —
	IMPLANT SURGERY (SALINE)[07]	— —	RT LT BOTH DK	— —
	IMPLANT (TYPE – UNKNOWN)[08]	— —	RT LT BOTH DK	— —
	REDUCTION SURGERY.....[09]	— —	RT LT BOTH DK	— —
	OTHER (SPECIFY).....[97]	— —	RT LT BOTH DK	— —
	DK/UNKNOWN.....[99]	— —	RT LT BOTH DK	— —

H16. To review, how many times did you have breast surgery for any reason?

____ # BREAST SURGERIES

H17. Was cancer ever found during any of these procedures?
YES.....1
NO.....2 (**H19 FOR CASES, SECTION I FOR CONTROLS**)
DK9 (**H19 FOR CASES, SECTION I FOR CONTROLS**)

H18. What were the month, year, hospital, and town where the cancer was found? Who was the doctor who found it?

Month/Year	Which Breast?	Hospital/Clinic	Town/City	Doctor's Name
___/____	R L BOTH			
___/____	R L BOTH			
___/____	R L BOTH			

ASK H19-H41 TO CASES ONLY; FOR CONTROLS SKIP TO SECTION I

Now I would like to ask you a few questions about the kinds of breast cancer treatments you have received or are currently receiving up to the present day.

H19. How was your breast cancer first discovered?

SHOW
CARD
H19

- Suspicious breast self-exam1
 Partner discovered it2
 Screening at a routine physical exam3
 Suspicious screening mammogram.....4
 During a breast surgery.....5
 Other (specify)7
 DK9

H20. What types of surgery were performed as part of the diagnosis and/or treatment of your breast cancer (POINT AND READ; CODE ALL THAT APPLY)? Where did these occur?

Procedure SHOW CARD H20	1 st Date (mm/yyyy)	Hospital/Clinic	2 nd Date (mm/yyyy)	Hospital/Clinic
Needle or core biopsies [1]	___ / ___		___ / ___	
Other biopsies/Lumpectomies Partial breast removal only (breast tissue remains) [2]	___ / ___		___ / ___	
Mastectomy (one breast) [3]	___ / ___		___ / ___	
Bilateral mastectomy (both breasts)..... [4]	___ / ___		___ / ___	
Other (SPECIFY) [7]	___ / ___		___ / ___	
Unknown..... [9]	___ / ___		___ / ___	

H21. Have you received chemotherapy for your breast cancer?

- YES1
 NO2 (H23)

H22. When and where did you first receive chemotherapy?

___ / 20___ (SKIP TO H25)
 Month Year Hospital or clinic name

H23. Is chemotherapy planned as part of your treatment in the future?

- YES1
 NO2 (H25)
 DK9 (H25)

H24. Do you know when and where you will receive chemotherapy?

___ / 20___
 Month Year Hospital or clinic name

H25. Have you received radiation therapy for your breast cancer?

- YES1
 NO2 (H27)

H26. When did your radiation treatment begin and where did you receive it?

____ / 20 ____ (SKIP TO H29)
Month Year Hospital or clinic name

H27. Is radiation treatment planned as part of your treatment in the future?

YES1
NO2 (H29)
DK9 (H29)

H28. Do you know about when this might start and where you would receive radiation treatment?

____ / 20 ____
Month Year Hospital or clinic name

H29. Hormonal or anti-estrogen therapy, such as Tamoxifen, Evista, Arimidex, or Femera, is sometimes used for treatment of breast cancer or to prevent recurrences. Have you taken any type of hormonal treatment related to your breast cancer since your diagnosis?

SHOW
CARD
H29/H30/
H36

YES1
NO2 (H34)
DK9 (H34)

H30. What anti-estrogen(s) have you used since your breast cancer diagnosis? CIRCLE ALL THAT APPLY

SHOW
CARD
H29/H30/
H36

Tamoxifen or Nolvadex (Tamone, Tamox, Tenotax)[01]
Raloxifene or Evista[02]
Anastrozole or Arimidex[03]
Megestrol Acetate or Megace[04]
Gosereline or Zoladex[05]
Leuprolide or Lupron[06]
Aminoglutethimide or Cytadren[07]
Toremifene or Fareston[08]
Letrozole or Femara[09]
Diethylstilbestrol or DES[10]
Faslodex or Fulvestrant[11]
Aromasin or Exemestane[12]
Other (SPECIFY):[97]
Don't know[99]

H31. When did you first use hormonal therapy and who first prescribed it to you (anti-estrogens – not hormone replacement therapy or birth control)?

____ / 20 ____
Month Year Physician's (First & Last) name

H32. Did you stop using hormonal therapy? If so when?

YES1 ____ / ____ (H34)
NO2

H33. How long do you plan to use it?

____ MONTHS 3 (H34)
YEARS 4 (H34)

H34. (Is hormone therapy planned/Do you plan to use other anti-estrogens) as part of your treatment in the future?
 YES.....1
 NO2 (H37)
 DK.....9 (H37)

H35. Do you know when you will start taking (this other) hormonal therapy, and who will prescribe it to you?

____ / 20 ____
 Month Year Physician's (First & Last) name

H36. Do you know what anti-estrogen(s) you plan to use? CIRCLE ALL THAT APPLY

SHOW
CARD
H29/H30/
H36

Tamoxifen or Nolvadex (Tamone, Tamox, Tenotax)[01]
 Raloxifene or Evista[02]
 Anastrozole or Arimex[03]
 Megestrol Acetate or Megace[04]
 Gosereline or Zoladex[05]
 Leuprolide or Lupron[06]
 Aminoglutethimide or Cytadren[07]
 Toremifene or Fareston.....[08]
 Letrozole or Femara[09]
 Diethylstilbestrol or DES.....[10]
 Faslodex or Fulvestrant.....[11]
 Aromasin or Exemestane[12]
 Other (SPECIFY):[97]
 Don't know.....[99]

H37. Have you used any type of hormone replacement therapy such as estrogen or progesterone since the time of your initial diagnosis?

YES.....1
 NO2
 DK.....9

H38. Have you received Herceptin or Trastuzumab for your breast cancer?

YES1
 NO2 (H40)
 DK9 (H40)

H39. When did you first start taking Herceptin or Trastuzumab, and who prescribed it to you?

____ / 20 ____
 Month Year Physician's (First & Last) name (SECTION I)

H40. Is Herceptin or Trastuzumab planned as part of your treatment in the future?

YES1
 NO2 (SECTION I)
 DK9 (SECTION I)

H41. Do you know when you will start taking Herceptin or Trastuzumab, and who will prescribe it to you?

____ / 20 ____
 Month Year Physician's (First & Last) name

SECTION I. LIFESTYLE

Now I will ask questions about your lifestyle, including places you have lived, jobs you have had, physical activity and other habits and behaviors.

First I would like to ask you some questions about where you have lived. We are interested in the general area you lived in, so if you changed addresses within the same city, it does not count as a move.

	I1. Where were you born? / How old were you when this move occurred?	I2. Please tell me the name of the (new) city and state you lived in. (RECORD IN I2-I3)? – (ASK RESPONDENT ABOUT SPELLING OF CITY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">PUT CITY ON CALENDAR</div>	I3. State/Country? (SPELL OUT STATE IF UNKNOWN ABBREVIATION)	I4. After age (AGE IN I1), did you move to another town or city or spend more than 6 months living elsewhere?
1.	00 AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)
2.	AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)
3.	AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)
4.	AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)
5.	AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)
6.	AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)
7.	AGE	CITY	STATE/COUNTRY CODE	Yes.... 1 (I1) No 2 (I5)

	I1. Where were you born? / How old were you when this move occurred?	I2. Please tell me the name of the (new) city and state you lived in. (RECORD IN I2-I3)? (ASK RESPONDENT ABOUT SPELLING OF CITY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">PUT CITY ON CALENDAR</div>	I3. State/Country? (SPELL OUT STATE IF UNKNOWN ABBREVIATION)	I4. After age (AGE IN I1), did you move to another town or city or spend more than 6 months living elsewhere?
8.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)
9.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)
10.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)
11.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)
12.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)
13.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)
14.	_____ AGE	_____ CITY	_____ STATE/COUNTRY _____ CODE	Yes.... 1 (I1) No 2 (I5)

CONTINUATION PAGE?

YES 1

NO 2

The following questions focus on your complexion and your exposure to the sun.

15. What is the natural color of your eyes?
- BLUE1
 - GREEN2
 - HAZEL3
 - BROWN4
 - SOME OTHER COLOR (SPECIFY)7
 - DK9

16. What was your natural hair color as a teenager?
- BLONDE1
 - RED2
 - LIGHT BROWN3
 - MEDIUM OR DARK BROWN4
 - BLACK5
 - OTHER (SPECIFY)7
 - DK9

17. How would you rate your natural skin color on areas never exposed to the sun?
- SHOW
CARD 17
- LIGHT OR FAIR1
 - MEDIUM2
 - DARK3
 - DK9

18. Which of the following would best describe your reaction, as an adult, to the first exposure of your untanned skin to summer sun for 1 hour at mid-day, without sunscreen?
- SHOW
CARD 18
- A SEVERE SUNBURN WITH BLISTERING1
 - A PAINFUL SUNBURN FOR A FEW DAYS FOLLOWED BY PEELING2
 - MILDLY BURNED FOLLOWED BY SOME DEGREE OF TANNING3
 - BROWN WITHOUT ANY SUNBURN4
 - DK9

19. After repeated and prolonged exposure to sunlight, which of the following best describes your skin?
- SHOW
CARD 19
- VERY BROWN AND DEEPLY TANNED1
 - MODERATELY TANNED2
 - ONLY MILDLY TANNED DUE TO A TENDENCY TO PEEL3
 - ONLY FRECKLED OR NO SUNTAN AT ALL4
 - DK9

Now I would like to ask you a few questions about the typical times of day when you went to sleep and when you woke up, excluding naps during a five year period from _____ (REFDATE MINUS 5 YEARS) to (REFDATE). Let's find these years on the calendar.

110. On average, during this period, how many hours of sleep did you get on the weeknights?	_____ HOURS
111. On average, during this period, how many hours of sleep did you get on weekends?	_____ HOURS
112. On a scale from 1 to 6, how light was it in the room while you slept (excluding naps)? <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">SHOW CARD 112</div>	Wore a mask to keep out light1 Could not see hand in front of face2 Could see the end of the bed3 Could see across the room4 Could barely read5 Could read comfortably6
113. During this period would you say that you preferred to be more of a morning person or a night person?	Morning1 Night2 Both3 Neither4 DK9

The next sections will be about your occupational, recreational and physical activities. First, we will begin with your occupational history.

I14. Since you turned 18, have you held a job or worked at an occupation for four consecutive months or longer?

YES 1
 NO 2 (I24)
 DK..... 9 (I24)

Starting with your employment at age 18, please tell me what jobs that you have held for at least four months in a row. I will be asking about the times of day you worked at each job and the kind of physical effort that was required for it.

	JOB 1	JOB 2	JOB 3
I15. What was the job title of the (first/next) occupation you held a total of four months or longer?	_____ _____ CODE --	_____ _____ CODE --	_____ _____ CODE --
I16. What were your main duties?	_____ _____	_____ _____	_____ _____
I17. Looking at the calendar, in what month and year did you start this job?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
I18. What was the last month and year you worked at this job?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
I19. (Before REFDATE) How many months per year did you work at this job?	_____ MONTHS/YEAR	_____ MONTHS/YEAR	_____ MONTHS/YEAR
I20. How many days per week?	_____ DAYS/WEEK	_____ DAYS/WEEK	_____ DAYS/WEEK
I21. How many hours per day or per week did you work?	_____ # HOURS PER DAY 1 PER WEEK... 2	_____ # HOURS PER DAY 1 PER WEEK... 2	_____ # HOURS PER DAY 1 PER WEEK... 2
I22. Which of the categories on this card best describes your physical activity on this job? <div>SHOW CARD I22</div>	SEDENTARY/SITTING 1 LIGHT..... 2 MODERATE..... 3 HEAVY 4 DK 9	SEDENTARY/SITTING 1 LIGHT 2 MODERATE 3 HEAVY 4 DK 9	SEDENTARY/SITTING 1 LIGHT..... 2 MODERATE..... 3 HEAVY 4 DK 9
I23. While employed in this job, did you ever work between midnight and 4am? If yes, how often? <div>SHOW CARD I23</div>	NONE..... 1 < HALF THE DAYS..... 2 ≥ HALF THE DAYS..... 3 EVERY WORK DAY 4	NONE..... 1 < HALF THE DAYS..... 2 ≥ HALF THE DAYS..... 3 EVERY WORK DAY 4	NONE..... 1 < HALF THE DAYS..... 2 ≥ HALF THE DAYS..... 3 EVERY WORK DAY 4

EMPLOYMENT (CONTINUED)

	JOB 4	JOB 5	JOB 6
I15. What was the job title of the (first/next) occupation you held a total of four months or longer?	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> CODE -- </div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> CODE -- </div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> CODE -- </div>
I16. What were your main duties?	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
I17. Looking at the calendar, in what month and year did you start this job?	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTH YEAR </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTH YEAR </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTH YEAR </div>
I18. What was the last month and year you worked at this job?	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTH YEAR </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTH YEAR </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTH YEAR </div>
I19. (Before REFDATE) How many months per year did you work at this job?	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTHS YEAR </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTHS YEAR </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> MONTHS YEAR </div>
I20. How many days per week?	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> DAYS WEEK </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> DAYS WEEK </div>	<div style="display: flex; justify-content: space-between;"> / </div> <div style="display: flex; justify-content: space-between;"> DAYS WEEK </div>
I21. How many hours per day or per week did you work?	<div style="display: flex; justify-content: space-between;"> PER DAY1 </div> <div style="display: flex; justify-content: space-between;"> # HOURS PER WEEK...2 </div>	<div style="display: flex; justify-content: space-between;"> PER DAY1 </div> <div style="display: flex; justify-content: space-between;"> # HOURS PER WEEK...2 </div>	<div style="display: flex; justify-content: space-between;"> PER DAY.....1 </div> <div style="display: flex; justify-content: space-between;"> # HOURS PER WEEK...2 </div>
I22. Which of the categories on this card best describes your physical activity on this job? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD I22</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> SEDENTARY/SITTING1 LIGHT2 MODERATE3 HEAVY4 DK9 </div> <div style="width: 15%; text-align: right;"> 1 2 3 4 9 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> SEDENTARY/SITTING1 LIGHT2 MODERATE3 HEAVY4 DK9 </div> <div style="width: 15%; text-align: right;"> 1 2 3 4 9 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> SEDENTARY/SITTING1 LIGHT2 MODERATE3 HEAVY4 DK9 </div> <div style="width: 15%; text-align: right;"> 1 2 3 4 9 </div> </div>
I23. While employed in this job, did you ever work between midnight and 4am? If yes, how often? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD I23</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> NONE1 < HALF THE DAYS2 ≥ HALF THE DAYS3 EVERY WORK DAY4 </div> <div style="width: 15%; text-align: right;"> 1 2 3 4 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> NONE1 < HALF THE DAYS2 ≥ HALF THE DAYS3 EVERY WORK DAY4 </div> <div style="width: 15%; text-align: right;"> 1 2 3 4 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> NONE1 < HALF THE DAYS2 ≥ HALF THE DAYS3 EVERY WORK DAY4 </div> <div style="width: 15%; text-align: right;"> 1 2 3 4 </div> </div>

EMPLOYMENT (CONTINUED)

	JOB 7	JOB 8	JOB 9
I15. What was the job title of the (first/next) occupation you held a total of four months or longer?	_____ _____ CODE -- _____	_____ _____ CODE -- _____	_____ _____ CODE -- _____
I16. What were your main duties?	_____ _____ _____	_____ _____ _____	_____ _____ _____
I17. Looking at the calendar, in what month and year did you start this job?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
I18. What was the last month and year you worked at this job?	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
I19. (Before REFDATE) How many months per year did you work at this job?	_____/_____ MONTHS/YEAR	_____/_____ MONTHS/YEAR	_____/_____ MONTHS/YEAR
I20. How many days per week?	_____/_____ DAYS/WEEK	_____/_____ DAYS/WEEK	_____/_____ DAYS/WEEK
I21. How many hours per day or per week did you work?	_____/_____ # HOURS PER DAY1 # HOURS PER WEEK...2	_____/_____ # HOURS PER DAY1 # HOURS PER WEEK...2	_____/_____ # HOURS PER DAY.....1 # HOURS PER WEEK...2
I22. Which of the categories on this card best describes your physical activity on this job? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD I22</div>	SEDENTARY/SITTING1 LIGHT2 MODERATE3 HEAVY4 DK9	SEDENTARY/SITTING1 LIGHT2 MODERATE3 HEAVY4 DK9	SEDENTARY/SITTING1 LIGHT2 MODERATE3 HEAVY4 DK9
I23. While employed in this job, did you ever work between midnight and 4am? If yes, how often? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD I23</div>	NONE1 < HALF THE DAYS2 ≥ HALF THE DAYS3 EVERY WORK DAY4	NONE1 < HALF THE DAYS2 ≥ HALF THE DAYS3 EVERY WORK DAY4	NONE1 < HALF THE DAYS2 ≥ HALF THE DAYS3 EVERY WORK DAY4

CONTINUATION PAGE?
YES..... 1
NO..... 2

EXERCISE HISTORY

I24. From when you were 18 years old to when you were _____ (REFAGE) years old, did you do any physical activities, exercise, or sports on a regular basis? We are defining regular as exercise done at least **one hour a week** for **four months** or more in **one year**. Also, this is exercise you do during leisure time and does not include activities you do at your job.

YES 1
 NO 2 (I26)
 DK 9 (I26)

I25. PHYSICAL ACTIVITY SINCE 18 YEARS OLD (PRESENT CALENDAR)

a. (Starting when you were 18 years old what was the first / What was the next) physical activity that you did on a regular basis before (REFDATE)?	b. How old were you when you started (ACTIVITY) regularly?	c. How old were you when you stopped (ACTIVITY) regularly? (IF R IS STILL DOING ACTIVITY CODE REFAGE)	d. 1) For how many years <u>altogether</u> did you (ACTIVITY) regularly? AND 2) For how many months each year did you do this?	e. On average, how many times per week did you (ACTIVITY)?	f. What was the average amount of time that you actually spent per session of (ACTIVITY) between (AGE STARTED) and (AGE STOPPED)?
1. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
2. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
3. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
4. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
5. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
6. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
7. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session
8. _____ ____ (CODE)	AGE STARTED	AGE STOPPED	1) ____ YRS 2) ____ MO	PER WEEK	____ : ____ HRS MIN Per Session

PROBE: Did you do any other activities regularly?

CONTINUATION PAGE?

YES 1
 NO 2

Now I would like to ask you a few questions about your growth since you were a child.

- I26. What is the tallest you have ever been without shoes?

____ / ____
FT. INCHES

- I27. **CHECK CALENDAR FOR “PRG” OR “NUR”.** When you were 18 years old (not counting times when you were pregnant or nursing), how much did you weigh?

POUNDS

- I28. When you were age _____ (REFERENCE AGE MINUS 1 YEAR) (not counting times when you were pregnant or nursing), how much did you weigh?

POUNDS

- I29. Before (REFDATE), what is the most you have ever weighed (other than when you were pregnant, nursing, or in the six months after pregnancy or nursing)?

POUNDS

- I30. How old were you when you first weighed about _____ (AMOUNT IN I29) pounds?

AGE

- I31. When you were 10 years old were you (READ EACH OPTION):

THIN..... 1
AVERAGE WEIGHT 2
SOMEWHAT OVERWEIGHT 3
VERY OVERWEIGHT..... 4

- I32. If you eat red meat or did so in the past, how have you typically liked your steaks prepared?

DON'T EAT STEAKS..... 0
RARE 1
MEDIUM RARE..... 2
MEDIUM..... 3
MEDIUM WELL..... 4
WELL DONE..... 5

SECTION J. ALCOHOL AND SMOKING

Now, I have some questions about your consumption of alcoholic beverages.

J1. Before (REFDATE), have you had more than 12 drinks of alcoholic beverages such as beer, wine, or liquor over your entire life?

YES 1
NO 2 (J8)
DK 9 (J8)

J2. Before (REFDATE), did you ever drink alcoholic beverages such as beer, wine, or liquor at least once a month for 6 months or more?

YES 1
NO 2 (J8)
DK 9 (J8)

People's drinking habits often change quite a bit at different times in their lives. I now have some questions about your usual drinking patterns and how your patterns may have changed throughout your life. I am going to ask about beer, red and white wine and liquor use separately at various ages. Looking at the calendar may help you remember times in your life when your drinking habits have changed.

ASK J3-J7 FOR ONE AGE BEFORE ASKING ABOUT NEXT AGE

PROBE WITH CALENDAR (i.e. for changes related to pregnancies, being in college, etc.)

	J3. (ONLY ASK FOR 1ST TIME PERIOD.) Looking at the calendar, how old were you when you first drank alcoholic beverages at least once a month for six months or more?	J4. When you were (AGE IN J3), how many 12 oz cans, bottles, or glasses of beer did you usually drink each day, week, month, or year/How many 12 oz beers did you usually have?	J5a. At this age, how many 4 oz. glasses of red wine did you usually drink (each day, week, month, or year)?
1 ST	AGE STARTED	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
2 ND	ENTER AGE FROM 1 ST PERIOD J7	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
3 RD	ENTER AGE FROM 2 ND PERIOD J7	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
4 TH	ENTER AGE FROM 3 RD PERIOD J3	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
5 TH	ENTER AGE FROM 4 TH PERIOD J7	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
6 TH	ENTER AGE FROM 5 TH PERIOD J7	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
7 TH	ENTER AGE FROM 6 TH PERIOD J7	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4
8 TH	ENTER AGE FROM 7 TH PERIOD J7	12 OZ. BEER PER DAY 1 PER WEEK..... 2 PER MONTH 3 PER YEAR..... 4	4 OZ. RED WINE PER DAY 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR 4

	J5b. When you were (AGE IN J3), how many 4 oz glasses of other types of wine did you usually drink (each day, week, month, or year) including <u>white wine</u> , <u>rose</u> , <u>sherry</u> , and <u>dessert wines</u> ?	J6. At this age, how many drinks containing 1½ oz. shots of <u>liquor</u> did you usually drink (each day, week, month, or year)?	J7. Looking at the calendar, how old were you when these drinking habits changed from what you just told me?
1 ST	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
2 ND	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
3 RD	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
4 TH	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
5 TH	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
6 TH	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
7 TH	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)
8 TH	4 OZ. WHITE WINE PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	1½ OZ. SHOTS PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	AGE CHANGED NEVER CHANGED 00 (J8)

CONTINUATION PAGE?
 YES..... 1
 NO..... 2

Now I have some questions about smoking.

J8. Before (REFDATE), did you ever smoke a total of 100 cigarettes or more in your lifetime?

YES 1
NO 2 (J15)
DK 9 (J15)

J9. How old were you when you first started smoking cigarettes?

AGE FIRST STARTED

J0. Were you smoking cigarettes in (REFDATE)?

YES 1 (J12)
NO 2

J11. At what age did you last smoke cigarettes?

AGE LAST STOPPED

J12. Thinking about the years between age (**AGE FROM J9**) and age (**AGE LAST SMOKED - EITHER REF. AGE IF STILL SMOKING OR AGE IN J11**), was there ever a period of one year or more in which you did not smoke cigarettes?

YES 1
NO 2 (J14)
DK 9 (J14)

J13. For how many years between ages (**AGE FROM J9**) and (**AGE LAST SMOKED - EITHER REF. AGE IF STILL SMOKING OR AGE IN J11**), did you not smoke cigarettes?

OF YEARS

J14. When you were smoking prior to (REFDATE), how many cigarettes or packs did you usually smoke per day, week, month or year? Typically, one package contains 20 cigarettes.

_____	PER DAY 1
CIGARETTES 1	PER WEEK 2
PACKS 2	PER MONTH 3
	PER YEAR 4

Next I have some questions about recreational drug use.

One of our interests in this study is the role these substances may have in causing disease and an accurate history of your experience is essential to our investigation of this possible link. Please be assured that the information you provide will be treated with the strictest confidentiality.

J15. Prior to (REFDATE), did you ever use MARIJUANA or HASHISH?

YES 1 (**J16**)
 NO 2 (**SECTION K**)
 REFUSED 8 (**SECTION K**)
 DK 9 (**SECTION K**)

ENTER PERIODS OF USE PRIOR TO (REFDATE) IN CHART BELOW. MAKE A NEW ENTRY WHENEVER RESPONDENT'S HABITS OF USAGE CHANGED FROM ONE CATEGORY TO ANOTHER, AND REPEAT EACH OF THE FOLLOWING QUESTIONS.

	J16. How old were you when you (first/next) used marijuana or hashish?	J17. How often did you use marijuana or hashish at this time when you were (AGE)?	J18. Did you use marijuana, hashish, or both during this time?	J19. How old were you when this pattern of use changed?
1 st	____ AGE	_____ TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	NONE 0 MARIJUANA 1 HASHISH 2 BOTH 3 REFUSED 8 DON'T KNOW 9	_____ AGE CHANGED NEVER CHANGED 00
2 nd	____ AGE	_____ TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	NONE 0 MARIJUANA 1 HASHISH 2 BOTH 3 REFUSED 8 DON'T KNOW 9	_____ AGE CHANGED NEVER CHANGED 00
3 rd	____ AGE	_____ TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	NONE 0 MARIJUANA 1 HASHISH 2 BOTH 3 REFUSED 8 DON'T KNOW 9	_____ AGE CHANGED NEVER CHANGED 00
4 th	____ AGE	_____ TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	NONE 0 MARIJUANA 1 HASHISH 2 BOTH 3 REFUSED 8 DON'T KNOW 9	_____ AGE CHANGED NEVER CHANGED 00
5 th	____ AGE	_____ TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	NONE 0 MARIJUANA 1 HASHISH 2 BOTH 3 REFUSED 8 DON'T KNOW 9	_____ AGE CHANGED NEVER CHANGED 00

SECTION K. FAMILY HISTORY

Now I have some questions about your family health history. We are interested in relatives who are living or deceased and who are related to you by blood. This does not include adopted, step or in-law relatives.

K1. Are you adopted?

YES 1
NO 2 (**K3**)

K2. Do you have any information about the medical history of any of your blood relatives?

YES 1
NO 2 (**SECTION L**)

CANCER HISTORY IN MOTHER AND GRANDMOTHERS

ASK K3 -K9 FOR ONE RELATIVE BEFORE ASKING ABOUT NEXT RELATIVE.

K3. We will begin with your mother and grandmothers.	K4. Was your (RELATIVE) still living in (REFDATE)?	K5. IF K4=YES (How old was she in [REFDATE])?/ IF K4=NO (How old was she when she died?)/ IF K4=DK (How old would she have been in [REFDATE] if she was still alive?)	K6. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)
a. MOTHER	YES..... 1 NO..... 2 DK..... 9	_____ AGE	YES..... 1 NO2 (K3b) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA ...3 (K3b) DK.....9 (K3b)
b. MOTHER'S MOTHER	YES..... 1 NO..... 2 DK..... 9	_____ AGE	YES..... 1 NO2 (K3c) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA ...3 (K3c) DK.....9 (K3c)
c. FATHER'S MOTHER	YES..... 1 NO..... 2 DK..... 9	_____ AGE	YES..... 1 NO2 (K10) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA ...3 (K10) DK.....9 (K10)

**IF UNKNOWN AGE, PROBE FOR BIRTH
AND DEATH YEAR AND CALCULATE**

CANCER HISTORY IN MOTHER AND GRANDMOTHERS

<p align="center">K7.</p> <p>What type(s) of cancer did she have? CODE AS MANY AS APPLY.</p>	<p align="center">K8.</p> <p>About how old was she when this cancer was first diagnosed?</p>	<p align="center">K9.</p> <p>Before (REFDATE), did she have cancer in one or both breasts?</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY) _____ [_] OTHER 2 (SPECIFY) _____ [_] OTHER 3 (SPECIFY) _____ [_] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b) _____ (K3b)</p>	<p>ONE 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY) _____ [_] OTHER 2 (SPECIFY) _____ [_] OTHER 3 (SPECIFY) _____ [_] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c) _____ (K3c)</p>	<p>ONE 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY) _____ [_] OTHER 2 (SPECIFY) _____ [_] OTHER 3 (SPECIFY) _____ [_] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K10) _____ (K10) _____ (K10) _____ (K10) _____ (K10) _____ (K10) _____ (K10) _____ (K10) _____ (K10) _____ (K10)</p>	<p>ONE 1 BOTH 2 DK 9</p>

CANCER HISTORY IN SISTERS

K10. Next, I will be asking similar questions about your sisters. We are interested in knowing about full sisters as well as half sisters. Please include both living and deceased sisters.
How many full sisters do you have? How many half sisters do you have? Are they maternal or paternal half sisters?

IF ALL = 00, GO TO K19.

FULL SISTERS #MATERNAL HALF SISTERS #PATERNAL HALF SISTERS

ASK K11-K18 FOR ONE SISTER BEFORE ASKING ABOUT NEXT SISTER.

K11. Please tell me about your (oldest/next) sister. What is her first name?	K12. (Is this sister a full or half sister?) (ASK IF R HAS BOTH FULL & HALF SISTERS)	K13. Was she still living in (REFDATE)?	K14. IF K13=YES (How old was she in [REFDATE]?)/ IF K13=NO (How old was she when she died?)/ IF JK13=DK (How old would she have been in [REFDATE] if she was still alive?)	K15. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)
a. SISTER 1 <div style="border-bottom: 1px solid black; width: 100%;"></div> FIRST NAME	FULL 1 MATERNAL HALF 2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK 9	<div style="border-bottom: 1px solid black; width: 50%; margin: 0 auto;"></div> AGE	YES 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK 9 IF NO OR DK, GO TO NEXT SISTER OR K19.
b. SISTER 2 <div style="border-bottom: 1px solid black; width: 100%;"></div> FIRST NAME	FULL 1 MATERNAL HALF 2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK 9	<div style="border-bottom: 1px solid black; width: 50%; margin: 0 auto;"></div> AGE	YES 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK 9 IF NO OR DK, GO TO NEXT SISTER OR K19.
c. SISTER 3 <div style="border-bottom: 1px solid black; width: 100%;"></div> FIRST NAME	FULL 1 MATERNAL HALF 2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK 9	<div style="border-bottom: 1px solid black; width: 50%; margin: 0 auto;"></div> AGE	YES 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK 9 IF NO OR DK, GO TO NEXT SISTER OR K19.

IF UNKNOWN AGE, PROBE FOR BIRTH AND DEATH YEAR AND CALCULATE

CANCER HISTORY IN SISTERS (CONTINUED)

<p align="center">K16.</p> <p>What type(s) of cancer did she have? CODE AS MANY AS APPLY.</p>	<p align="center">K17.</p> <p>About how old was she when this cancer was first diagnosed?</p>	<p align="center">K18.</p> <p>Before (REFDATE), did she have cancer in one or both breasts?</p>
<p>BREAST.....[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY) _____[] OTHER 2 (SPECIFY) _____[] OTHER 3 (SPECIFY) _____[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19) _____(K11b or K19)</p>	<p>ONE.....1 BOTH2 DK.....9</p>
<p>BREAST.....[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY) _____[] OTHER 2 (SPECIFY) _____[] OTHER 3 (SPECIFY) _____[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19) _____(K11c or K19)</p>	<p>ONE.....1 BOTH2 DK.....9</p>
<p>BREAST.....[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY) _____[] OTHER 2 (SPECIFY) _____[] OTHER 3 (SPECIFY) _____[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19) _____(K11d or K19)</p>	<p>ONE.....1 BOTH2 DK.....9</p>

CANCER HISTORY IN SISTERS (CONTINUED)

ASK K11-K18 FOR ONE SISTER BEFORE ASKING ABOUT NEXT SISTER.

K11. Please tell me about your (oldest/next) sister. What is her first name?	K12. Is this sister a full or half sister?	K13. Was she still living in (REFDATE)?	K14. IF K13=YES (How old was she in [REFDATE]?)/ IF K13=NO (How old was she when she died?)/ IF K13=DK (How old would she have been in [REFDATE] if she was still alive?)	K15. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)
d. SISTER 4 _____ FIRST NAME	FULL 1 MATERNAL HALF 2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK 9	_____ AGE	YES 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK 9 IF NO OR DK, GO TO NEXT SISTER OR K19.
e. SISTER 5 _____ FIRST NAME	FULL 1 MATERNAL HALF 2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK 9	_____ AGE	YES 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK 9 IF NO OR DK, GO TO NEXT SISTER OR K19.
f. SISTER 6 _____ FIRST NAME	FULL 1 MATERNAL HALF 2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK 9	_____ AGE	YES 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK 9 IF NO OR DK, GO TO NEXT SISTER OR K19.

IF UNKNOWN AGE, PROBE FOR BIRTH AND DEATH YEAR AND CALCULATE

CANCER HISTORY IN SISTERS (CONTINUED)

<p align="center">K16.</p> <p>What type(s) of cancer did she have? CODE AS MANY AS APPLY.</p>	<p align="center">K17.</p> <p>About how old was she when this cancer was first diagnosed?</p>	<p align="center">K18.</p> <p>Before (REFDATE), did she have cancer in one or both breasts?</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19) _____ (K11e or K19)</p>	<p>ONE..... 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19) _____ (K11f or K19)</p>	<p>ONE..... 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19) _____ (CONT. OR K19)</p>	<p>ONE..... 1 BOTH 2 DK 9</p>

CONTINUATION PAGE?

YES..... 1
 NO 2

CANCER HISTORY IN MOTHER'S SISTERS

K19. We are interested in knowing about your mother's full sisters. How many full sisters does your mother have? Please include all her sisters, both living and deceased. **IF ALL = 00, GO TO K27.**

— —
#MOTHER'S FULL SISTERS

ASK K20-K26 FOR ONE MOTHER'S SISTER BEFORE ASKING ABOUT NEXT SISTER.

K20. Please tell me about your mother's (oldest/next) sister. What is her first name?	K21. Was she still living in (REFDATE)?	K22. IF K21=YES (How old was she in [REFDATE]?)/ IF K21=NO (How old was she when she died?)/ IF K21=DK (How old would she have been in [REFDATE] if she was still alive?)	K23. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)
a. MOTHER'S SISTER 1 <div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> FIRST NAME	YES.....1 NO2 DK.....9	<div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> AGE	YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9 IF NO OR DK, GO TO NEXT MOTHER'S SISTER OR K27.
b. MOTHER'S SISTER 2 <div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> FIRST NAME	YES.....1 NO2 DK.....9	<div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> AGE	YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9 IF NO OR DK, GO TO NEXT MOTHER'S SISTER OR K27.
c. MOTHER'S SISTER 3 <div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> FIRST NAME	YES.....1 NO2 DK.....9	<div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> AGE	YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9 IF NO OR DK, GO TO NEXT MOTHER'S SISTER OR K27.

IF UNKNOWN AGE, PROBE FOR BIRTH AND DEATH YEAR AND CALCULATE

CANCER HISTORY IN MOTHER'S SISTERS

<p align="center">K24.</p> <p>What type(s) of cancer did she have? CODE AS MANY AS APPLY.</p>	<p align="center">K25.</p> <p>About how old was she when this cancer was first diagnosed?</p>	<p align="center">K26.</p> <p>Before (REFDATE), did she have cancer in one or both breasts?</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27) _____ (K20b or K27)</p>	<p>ONE 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27) _____ (K20c or K27)</p>	<p>ONE 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27) _____ (K20d or K27)</p>	<p>ONE 1 BOTH 2 DK 9</p>

CANCER HISTORY IN MOTHER'S SISTERS (CONTINUED)

ASK K20-K26 FOR ONE MOTHER'S SISTER BEFORE ASKING ABOUT NEXT SISTER.

<p>K20. Please tell me about your mother's (oldest/next) sister. What is her first name?</p>	<p>K21. Was she still living in (REFDATE)?</p>	<p>K22. IF K21=YES (How old was she in [REFDATE]?)/ IF K21=NO (How old was she when she died?)/ IF K21=DK (How old would she have been in [REFDATE] if she was still alive?)</p>	<p>K23. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)</p>
<p>d. MOTHER'S SISTER 4</p> <p>_____ FIRST NAME</p>	<p>YES.....1 NO2 DK.....9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9</p> <p>IF NO OR DK, GO TO NEXT MOTHER'S SISTER OR K27.</p>
<p>e. MOTHER'S SISTER 5</p> <p>_____ FIRST NAME</p>	<p>YES.....1 NO2 DK.....9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9</p> <p>IF NO OR DK, GO TO NEXT MOTHER'S SISTER OR K27.</p>
<p>f. MOTHER'S SISTER 6</p> <p>_____ FIRST NAME</p>	<p>YES.....1 NO2 DK.....9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9</p> <p>IF NO OR DK, GO TO NEXT MOTHER'S SISTER OR K27.</p>

IF UNKNOWN AGE, PROBE FOR BIRTH AND DEATH YEAR AND CALCULATE

CANCER HISTORY IN MOTHER'S SISTERS (CONTINUED)

K24. What type(s) of cancer did she have? CODE AS MANY AS APPLY.	K25. About how old was she when this cancer was first diagnosed?	K26. Before (REFDATE), did she have cancer in one or both breasts?
BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]	_____ _____(K20e or K27) _____(K20e or K27) _____(K20e or K27) _____(K20e or K27) _____(K20e or K27) _____(K20e or K27) _____(K20e or K27) _____(K20e or K27) _____(K20e or K27)	ONE 1 BOTH 2 DK 9
BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]	_____ _____(K20f or K27) _____(K20f or K27) _____(K20f or K27) _____(K20f or K27) _____(K20f or K27) _____(K20f or K27) _____(K20f or K27) _____(K20f or K27) _____(K20f or K27)	ONE 1 BOTH 2 DK 9
BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]	_____ _____(CONT or K27) _____(CONT or K27) _____(CONT or K27) _____(CONT or K27) _____(CONT or K27) _____(CONT or K27) _____(CONT or K27) _____(CONT or K27) _____(CONT or K27)	ONE 1 BOTH 2 DK 9

CONTINUATION PAGE?

YES.....1
NO2

CANCER HISTORY IN FATHER'S SISTERS

K27. We are interested in knowing about your father's full sisters. How many full sisters does your father have? Please include all his sisters, both living and deceased. **IF ALL = 00, GO TO K35.**

— —
#FATHER'S FULL SISTERS

ASK K28-K34 FOR ONE FATHER'S SISTER BEFORE ASKING ABOUT NEXT SISTER.

K28. Please tell me about your father's (oldest/next) sister. What is her first name?	K29. Was she still living in (REFDATE)?	K30. IF K29=YES (How old was she in [REFDATE]?)/ IF K29=NO (How old was she when she died?)/ IF K29=DK (How old would she have been in [REFDATE] if she was still alive?)	K31. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)
a. FATHER'S SISTER 1 <div style="border-bottom: 1px solid black; width: 100px; margin-top: 10px;"></div> FIRST NAME	YES.....1 NO2 DK.....9	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> AGE	YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9 IF NO OR DK, GO TO NEXT FATHER'S SISTER OR K35.
b. FATHER'S SISTER 2 <div style="border-bottom: 1px solid black; width: 100px; margin-top: 10px;"></div> FIRST NAME	YES.....1 NO2 DK.....9	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> AGE	YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9 IF NO OR DK, GO TO NEXT FATHER'S SISTER OR K35.
c. FATHER'S SISTER 3 <div style="border-bottom: 1px solid black; width: 100px; margin-top: 10px;"></div> FIRST NAME	YES.....1 NO2 DK.....9	<div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> AGE	YES..... 1 NO 2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 DK..... 9 IF NO OR DK, GO TO NEXT FATHER'S SISTER OR K35.

IF UNKNOWN AGE, PROBE FOR BIRTH AND DEATH YEAR AND CALCULATE

CANCER HISTORY IN FATHER'S SISTERS

<p align="center">K32.</p> <p>What type(s) of cancer did she have? CODE AS MANY AS APPLY.</p>	<p align="center">K33.</p> <p>About how old was she when this cancer was first diagnosed?</p>	<p align="center">K34.</p> <p>Before (REFDATE), did she have cancer in one or both breasts?</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35) _____ (K28b or K35)</p>	<p>ONE 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35) _____ (K28c or K35)</p>	<p>ONE 1 BOTH 2 DK 9</p>
<p>BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]</p>	<p>_____ _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35) _____ (K28d or K35)</p>	<p>ONE 1 BOTH 2 DK 9</p>

CANCER HISTORY IN FATHER'S SISTERS (CONTINUED)

ASK K28-K34 FOR ONE FATHER'S SISTER BEFORE ASKING ABOUT NEXT SISTER.

<p>K28. Please tell me about your father's (oldest/next) sister. What is her first name?</p>	<p>K29. Was she still living in (REFDATE)?</p>	<p>K30. IF K29=YES (How old was she in [REFDATE]?)/ IF K29=NO (How old was she when she died?)/ IF K29=DK (How old would she have been in [REFDATE] if she was still alive?)</p>	<p>K31. Before (REFDATE), did she ever have cancer? (PROBE DK RESPONSES)</p>
<p>d. FATHER'S SISTER 4</p> <p>_____ FIRST NAME</p>	<p>YES.....1 NO2 DK.....9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1 NO2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 DK.....9</p> <p>IF NO OR DK, GO TO NEXT FATHER'S SISTER OR K35.</p>
<p>e. FATHER'S SISTER 5</p> <p>_____ FIRST NAME</p>	<p>YES.....1 NO2 DK.....9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1 NO2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 DK.....9</p> <p>IF NO OR DK, GO TO NEXT FATHER'S SISTER OR K35.</p>
<p>f. FATHER'S SISTER 6</p> <p>_____ FIRST NAME</p>	<p>YES.....1 NO2 DK.....9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1 NO2 DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 DK.....9</p> <p>IF NO OR DK, GO TO NEXT FATHER'S SISTER OR K35.</p>

IF UNKNOWN AGE, PROBE FOR BIRTH AND DEATH YEAR AND CALCULATE

CANCER HISTORY IN FATHER'S SISTERS (CONTINUED)

K32. What type(s) of cancer did she have? CODE AS MANY AS APPLY.	K33. About how old was she when this cancer was first diagnosed?	K34. Before (REFDATE), did she have cancer in one or both breasts?
BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]	_____ _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35) _____(K28e or K35)	ONE 1 BOTH 2 DK 9
BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]	_____ _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35) _____(K28f or K35)	ONE 1 BOTH 2 DK 9
BREAST[01] OVARY[02] CERVICAL[03] UTERINE/ENDOMETRIAL[04] COLON[05] LUNG[06] OTHER 1 (SPECIFY)[] OTHER 2 (SPECIFY)[] OTHER 3 (SPECIFY)[] DK TYPE, BUT NOT BREAST[90] DK[99]	_____ _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35) _____(CONT or K35)	ONE 1 BOTH 2 DK 9

CONTINUATION PAGE?

YES.....1
NO2

BRIEF SUMMARY OF CANCER IN MALE RELATIVES

Now, I would like to ask you a few questions about cancer in your male relatives. We are interested in relatives who are living or deceased and who are related to you by blood.

IF NOT ADOPTED OR ADOPTED AND HAS INFORMATION ABOUT BLOOD RELATIVES (K2=YES):

K35. Were any of your male relatives, specifically your grandfathers, your father, your uncles, your brothers, ever diagnosed with cancer before (REFDATE)?

YES 1 (COMPLETE K36-K38)

NO 2 (K39)

DK 9 (K39)

IF ADOPTED AND DOES NOT HAVE INFORMATION ABOUT BLOOD RELATIVES (K2 = NO) GO TO SECTION L

ASK K36-K38 FOR ONE RELATIVE BEFORE ASKING ABOUT NEXT RELATIVE.

	K36. Which of your male relatives was (first/next) diagnosed with cancer before (REFDATE)? (CODE)	K37. What type of cancer (did/does) he have?	K38. How old was he when first diagnosed?
1	_____ - ____	_____	_____
2	_____ - ____	_____	_____
3	_____ - ____	_____	_____
4	_____ - ____	_____	_____
5	_____ - ____	_____	_____
6	_____ - ____	_____	_____
7	_____ - ____	_____	_____
8	_____ - ____	_____	_____

K44 MALE RELATIVE CODES

- 51 Father
- 52 Maternal grandfather
- 53 Paternal grandfather
- 54 Full brother
- 55 Half brother (maternal side)
- 56 Half brother (paternal side)
- 57 Half brother (unknown side)
- 58 Full uncle (maternal side)
- 59 Full uncle (paternal side)

IF K1 = YES AND K2=NO GO TO SECTION L.

K39. How many full and half brothers do you have? Please include both living and deceased brothers.

_____ # FULL
 BROTHERS
 _____ # MATERNAL HALF
 BROTHERS
 _____ # PATERNAL HALF
 BROTHERS

(IF NO BROTHERS (of any type), GO TO SECT. L)

K40. (Did this brother/How many of these brothers) reach(ed) age 20 or more?

_____ # FULL
 BROTHERS
 _____ # MATERNAL HALF
 BROTHERS
 _____ # PATERNAL HALF
 BROTHERS

I have just a few more questions.

SECTION L. DEMOGRAPHICS

L1. Do you consider yourself to be Latina or of Hispanic origin?

YES 1
NO 2
DK 9

L2. Which of the categories on this card best describes you? (CODE ALL THAT APPLY)

SHOW CARD L2

WHITE [1]
BLACK OR AFRICAN AMERICAN [2]
AMERICAN INDIAN [3]
ALASKAN NATIVE/ESKIMO/ALEUT [4]
CHINESE [5]
JAPANESE [6]
FILIPINO [7]
KOREAN [8]
VIETNAMESE [9]
OTHER ASIAN (SPECIFY) [10]
NATIVE HAWAIIAN [11]
OTHER PACIFIC ISLANDER (SPECIFY) [12]
OTHER (SPECIFY) [97]
DK [99]

L3. Which of the categories on this card best describes your living situation in (REFDATE)?

SHOW CARD L3

SINGLE AND NEVER BEEN MARRIED 1
MARRIED 2
LIVING AS MARRIED W/ A MALE PARTNER 3
LIVING AS MARRIED W/ A FEMALE PARTNER 4
DIVORCED 5
SEPARATED 6
WIDOW 7

L4. What was the highest grade or year of school that you completed before (REFDATE)?

SHOW CARD L4

NONE 0
FIRST GRADE – ELEVENTH GRADE 1
HIGH SCHOOL GRADUATE OR GED 2
POST HIGH SCHOOL TRAINING OTHER THAN
COLLEGE (VOCATIONAL, TECHNICAL, ETC.) 3
SOME COLLEGE 4
GRADUATED FROM COLLEGE 5
POST GRADUATE 6

L5. In what country was your mother born? (If adopted, do you know in what country your mother was born?)

UNITED STATES 1
OTHER (SPECIFY)
DK 99

L6. Is she Latina or of Hispanic origin?

YES 1
NO 2
DK 9

L7. Do you know her race or ethnic heritage?

SHOW CARD L7/L11

WHITE	[1]
BLACK OR AFRICAN AMERICAN	[2]
AMERICAN INDIAN	[3]
ALASKAN NATIVE/ESKIMO/ALEUT	[4]
CHINESE	[5]
JAPANESE	[6]
FILIPINO	[7]
KOREAN	[8]
VIETNAMESE	[9]
OTHER ASIAN (SPECIFY)	[10]
NATIVE HAWAIIAN	[11]
OTHER PACIFIC ISLANDER (SPECIFY)	[12]
OTHER (SPECIFY)	[97]
DK	[99]

L8. What was the highest grade or year of school that your (adoptive) mother completed?

SHOW CARD L8/L12

NONE	0
FIRST GRADE – ELEVENTH GRADE	1
HIGH SCHOOL GRADUATE OR GED	2
POST HIGH SCHOOL TRAINING OTHER THAN COLLEGE (VOCATIONAL, TECHNICAL, ETC.)	3
SOME COLLEGE	4
GRADUATED FROM COLLEGE	5
POST GRADUATE	6
DK	9

L9. In what country was your father born? (If adopted, do you now what country your father was born?)

UNITED STATES	1
OTHER (SPECIFY)	
DK	9

L10. Is he Latino or of Hispanic origin?

YES	1
NO	2
DK	9

L11. Do you know his race or ethnic heritage?

SHOW CARD L7/L11

WHITE	[1]
BLACK OR AFRICAN AMERICAN	[2]
AMERICAN INDIAN	[3]
ALASKAN NATIVE/ESKIMO/ALEUT	[4]
CHINESE	[5]
JAPANESE	[6]
FILIPINO	[7]
KOREAN	[8]
VIETNAMESE	[9]
OTHER ASIAN (SPECIFY)	[10]
NATIVE HAWAIIAN	[11]
OTHER PACIFIC ISLANDER (SPECIFY)	[12]
OTHER (SPECIFY)	[97]
DK	[99]

- L12.** What was the highest grade or year of school that your (adoptive) father completed?
- | | |
|---|---|
| NONE..... | 0 |
| FIRST GRADE – ELEVENTH GRADE | 1 |
| HIGH SCHOOL GRADUATE OR GED..... | 2 |
| POST HIGH SCHOOL TRAINING OTHER THAN COLLEGE (VOCATIONAL, TECHNICAL, ETC.)..... | 3 |
| SOME COLLEGE..... | 4 |
| GRADUATED FROM COLLEGE | 5 |
| POST GRADUATE | 6 |
| DK | 9 |

SHOW CARD
L8/L12

- L13.** In what religion, if any, were you raised?
- | | |
|-------------------------------------|---|
| NONE..... | 1 |
| JEWISH | 2 |
| ROMAN CATHOLIC..... | 3 |
| CHRISTIAN, NOT ROMAN CATHOLIC | 4 |
| MUSLIM | 5 |
| OTHER (SPECIFY)..... | 7 |
| DK | 9 |

SHOW CARD L13

- L14.** Including income provided by you, (your husband/partner) and any other persons living in your household, which range of figures on this card comes closest to your total household income before taxes for _____ (REFERENCE YEAR MINUS ONE)?

SHOW CARD L14

- | | |
|--------------------------------------|---|
| LESS THAN \$15,000 | 1 |
| \$15,000 TO LESS THAN \$25,000 | 2 |
| \$25,000 TO LESS THAN \$50,000 | 3 |
| \$50,000 TO LESS THAN \$90,000 | 4 |
| \$90,000 OR MORE | 5 |
| REFUSED | 8 |
| DK | 9 |

- L15.** How many people including yourself, were supported by your total household income for _____ (REFERENCE YEAR MINUS ONE)?

PEOPLE

- L16.** Are you right or left-handed?
- | | |
|--------------------|---|
| RIGHT- HANDED..... | 1 |
| LEFT-HANDED | 2 |
| AMBIDEXTROUS | 3 |
| REFUSED | 8 |

I have one last important question to ask you.

L17. (ASK OF CASES): Do you have any ideas about what may have caused you to develop breast cancer?

(ASK OF CONTROLS): Do you have any ideas about what causes breast cancer?

(ASK OF ALL)

L18. About ten percent of the women we interview are called to confirm some of the answers. If you are selected, may we call you to ask a few short questions?

YES 1

NO 2

CLOSING STATEMENT: That concludes the interview part of this visit. Thank you very much for answering my questions. Do you have any questions about the interview or is there anything else you would like to tell me which you think might be important for us to know?

TIME ENDED: ____ : ____

AM..... 1

PM..... 2

SECTION M. CONSENTS

PRESENT EACH CONSENT FORM AS YOU READ EACH QUESTION

- M1.** The law requires us to get permission from you to use your personal health information, such as information from your medical records, in this research study. This is for your protection and this form lists specifically who may have access to your health information. **(HIPAA REQUIRED FOR PHARMACY, TUMOR TISSUE and MEDICAL RECORDS RELEASES)**. Will you give this study permission to access your personal health information?
- YES 1 **(COMPLETE HIPAA)***
NO 2
PENDING/LATER 3
INTERVIEWER CALL BACK FOR INFO. ON / / **(DATE)**
- M2.** **(FOR CASES ONLY.)** An important component of this study is the collection of pathology reports and actual samples of tumor tissue or slides to learn more about breast cancer. May we have the name of the facilities where you had any breast biopsies or surgeries, and can we contact them to obtain copies of your pathology report and actual samples of your tumor tissue?
- YES 1 **(COMPLETE TUMOR TISSUE CONSENT)**
NO 2
PENDING/LATER 3
INTERVIEWER CALL BACK FOR INFO. ON / / **(DATE)**
FACILITY NAMES/ADDRESSES UNAVAILABLE 9
- M3.** We would like to review the pharmacy records of women participating in this study. May we have the names and addresses of the pharmacies you have used since you were 18 years old?
- YES 1 **(COMPLETE PHARMACY CONSENT)**
NO 2
PENDING/LATER 3
INTERVIEWER CALL BACK FOR INFO. ON / / **(DATE)**
N/A, NO MEDS IN 10 YEARS BEFORE REF DATE 7 **(COMPLETE PHARMACY CONSENT)**
PHARMACY NAMES/ADDRESSES UNAVAILABLE 9
- M4.** At some future date, we may wish to review the medical records from participants in our study. May we have the name(s) of the facility(ies) where you received or were ever prescribed contraception (over your whole life), or received any other type of medical care such as annual exams, pregnancy care, physical exams etc. since the age of 18.
- YES 1 **(COMPLETE MEDICAL RECORDS RELEASE)**
NO 2
PENDING/LATER 3
INTERVIEWER CALL BACK FOR INFO. ON / / **(DATE)**
N/A, NO MAMMOGRAMS OR MD/HOSPITAL
CONTACT IN 10 YEARS BEFORE REF DATE 7
FACILITY NAMES/ADDRESSES UNAVAILABLE 9
- M5.** At some future date, we may want to contact study participants in order to expand on the information we learned from them. If we need additional information or are expanding this study, may we re-contact you?
- YES 1 **(COMPLETE FUTURE CONTACT CONSENT)**
NO 2
PENDING/LATER 3

M6. In addition to the questions you have already answered, this study is investigating breast cancer by examining blood samples. We draw three tubes of blood for this purpose. **(IF RESPONDENT IS WILLING, COMPLETE BLOOD DRAW AFTER HEIGHT AND WEIGHT MEASUREMENT.)**

- YES 1 **(COMPLETE BLOOD DRAWSCREENER & CONSENT)**
(N1) May I draw your blood?
- NO 2 We respect your decision to not provide us with a blood sample. **(M7)**
- YES, BUT AT A LATER DATE..... 3 Thank you for agreeing to provide us with a blood sample at a later date. **(M7)**
(COMPLETE "LATER" BLOOD FORM)
- YES, BUT AT MY MD'S OFFICE/LATER 4 Thank you for agreeing to provide us with a blood sample at a later date. **(M7)**
(COMPLETE "LATER" BLOOD FORM)

M7. (FOR REFUSED OR LATE/PARTIAL BLOOD DRAWS ONLY)

New technology now allows us to obtain genetic information from the cells that are inside your mouth. Obtaining these cells is quite simple and involves swishing some Scope mouthwash for 45 seconds. If you don't like mouthwash we can also use small soft bristled brushes on the inside of your mouth to obtain the cells we need. At this time, would you be willing to provide us with two samples from your mouth (in place of the blood sample)? **(IF RESPONDENT IS WILLING, COMPLETE ORAL TISSUE ASCERTAINMENT AFTER HEIGHT AND WEIGHT MEASUREMENT)**

- YES (ORAL SWISH) 1 **(COMPLETE ORAL SWISH CONSENT)**
- YES (ORAL BRUSH) 2 **(COMPLETE ORAL BRUSH CONSENT)**
- NO 3
- PENDING/LATER 4

SECTION N. CURRENT HEIGHT AND WEIGHT

I would like to measure your current height and weight without shoes. I have all the equipment for this process.

N1. Are you willing to have your height and weight measured? YES 1
 NO 2

N2. CURRENT HEIGHT:

_____ cm
 HEIGHT IN CENTIMETERS

REFUSED = 997
 UNABLE TO COMPLETE = 999

REASON: _____

N3. CURRENT WEIGHT:

_____ . _____
 WEIGHT IN POUNDS

REFUSED = 997
 UNABLE TO COMPLETE = 999

REASON: _____

_____ kg
 WEIGHT IN KILOGRAMS
 (data entry only)

SECTION O. INTERVIEWER COMMENTS

- O1.** Interview was conducted at:
RESPONDENT'S HOME 1
RESPONDENT'S OFFICE..... 2
FHCRC OFFICE 3
HOME OF RESPONDENT'S RELATIVE/FRIEND 4
OTHER (SPECIFY) 7
- O2.** Interview was conducted:
ALONE 1
WITH OTHER PERSON PRESENT (SPECIFY)

- O3.** Respondent's cooperation was:
EXCELLENT 1
GOOD 2
FAIR 3
POOR..... 4
- O4.** The quality of the interview is based on whether the Respondent did the best she could with the questions.
(CHECK APPROPRIATE CATEGORY):

	UNSATIS- FACTORY 1	QUESTION- ABLE 2	GENERALLY RELIABLE 3	HIGH QUALITY 4
SECTION A: BACKGROUND INFO				
SECTION B: PREGNANCY HISTORY				
SECTION C: MENSTRUATION HISTORY				
SECTION D: CONTRACEPTIVE HISTORY				
SECTION E. HORMONE MEDICATION HISTORY				
SECTION F: FERTILITY HISTORY				
SECTION G: MEDICAL HISTORY				
SECTION H: MAMMOGRAPHY AND BREAST SURGERY				
SECTION I: LIFESTYLE				
SECTION J: ALCOHOL AND SMOKING				
SECTION K: FAMILY HISTORY				
SECTION L : DEMOGRAPHICS				

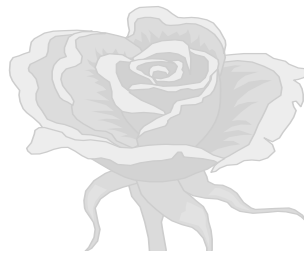
06. Interviewer comments regarding Respondent: [CODE AS MANY AS APPLY]

NONE	[0]
DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC	[1]
DID NOT WANT TO BE MORE SPECIFIC	[2]
WAS BORED OR UNINTERESTED.....	[3]
WAS UPSET, DEPRESSED OR ANGRY.....	[4]
HAD POOR HEARING OR SPEECH.....	[5]
WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS	[6]
WAS INHIBITED BY OTHERS AROUND HER	[7]
WAS EMBARRASSED BY THE SUBJECT MATTER	[8]
WAS EMOTIONALLY UNSTABLE	[9]
WAS PHYSICALLY ILL	[10]
OTHER (SPECIFY)	[97]

YES 1
NO 2

If YES, page no.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DATE OF INTERVIEW: / /
MO DAY YEARSTUDY ID: - TIME INTV BEGAN: : AM PMREFERENCE DATE: /
MO YEARTIME INTV ENDED: : AM PMREFERENCE AGE: INTERVIEW LENGTH: MINUTES BREAKS: MINUTESTIME ENDED FOR RELEASES/SAMPLE/HGT&WT: : AM PMTOTAL TIME: MINUTESINTERVIEWER ID: 

SHARE II

*Seattle Area **H**ormone and **R**eproductive **E**pidemiology Breast Cancer Study*

Coding and Edit #1	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> 20 <u> </u> <u> </u>	<u> </u> <u> </u>
Edit #2	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> 20 <u> </u> <u> </u>	<u> </u> <u> </u>
Study Manager Review	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> 20 <u> </u> <u> </u>	<u> </u> <u> </u>
Key Entry	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> 20 <u> </u> <u> </u>	<u> </u> <u> </u>
Key Verification	<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> 20 <u> </u> <u> </u>	<u> </u> <u> </u>

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TIME BEGAN: __ __: __ __

AM1
PM2

SECTION A. BACKGROUND INFORMATION and INTRODUCTION

Thank you for agreeing to participate in this important study of women's health. In this interview, we'll be discussing a number of topics including your medical history, your menstrual and reproductive history, and other health-related topics.

Do I have your permission to record this interview for quality control purposes?

YES..... 1 → You can ask me to stop recording at any point in the interview.

No 2

Not Asked 6

Most questions will be asked in reference to the time period before _____ (REF DATE).
First, I have some questions about your background.

A1. What is your date of birth?

__ __ / __ __ / 1 9 __ __
MO DAY YEAR

A2. So this would have made you __ __ (REF AGE) in _____ (REF DATE). Is this correct?

YES..... 1

NO 2 → FILL IN CORRECT AGE __ __

(IF NOT AGE 55-74 AT REF DATE SHE IS INELIGIBLE.)

PRESENT CALENDAR

This is a calendar on which I will record certain events during the course of the interview. Most people find the calendar helps in remembering the order of events in the past. As we go along, if there are any events that would help you remember, such as births, deaths, moves, marriages, etc, we will record them on the calendar. First, I will record the month and year of your birth on the calendar.

Some events are more easily remembered by age than by year of occurrence.

As I mentioned before, many questions will be about the time period before _____ (REF DATE).

Let's record on the calendar important school dates, such as graduations or the date of your last completed school year.

PROBE: What was the month and year you completed your last year of school?

RECORD **SCH** ON CALENDAR FOR DATE OF LAST COMPLETED SCHOOL YEAR and OTHER SIGNIFICANT SCHOOL RELATED EVENTS SUCH AS GRADUATIONS. IF SHE WENT TO COLLEGE, ALSO ASK AND RECORD DATE OF HIGH SCHOOL GRADUATION.

Now I have a few more background questions to ask you.

- A3.** Which of these categories on this card best describes your living situation in _____ (REF DATE)?

SHOW CARD A3

MARRIED 1 (A5)
LIVING WITH A MALE PARTNER 2 (A5)
LIVING WITH A FEMALE PARTNER 3 (A5)
DIVORCED 4 (A5)
SEPARATED 5 (A5)
WIDOWED 6 (A5)
SINGLE, NEVER MARRIED 7

- A4.** Have you ever lived with a partner, either male or female, for six months or longer before _____ (REF DATE)?

YES 1
NO 2

- A5.** Did you have a cell phone in _____ (REF DATE)?

YES 1
NO 2
DK 9

- A6.** Did you have a regular landline telephone located inside your home in _____ (REF DATE)?

YES 1
NO 2 **(INELIGIBLE, STOP INTERVIEW)**
DK 9 **(INELIGIBLE, STOP INTERVIEW)**

- A7.** Was it a traditional telephone line (at least one telephone where the base unit plugs into a telephone jack), or was it telephone service over the internet?

(CIRCLE ALL THAT APPLY)

TRADITIONAL [1]
VOICE OVER INTERNET [2]
OTHER [7]
DK [9]

- A8.** What was your area code and home telephone number in _____ (REF DATE)?

(_____) _____
AREA CODE RECORD 1st 5 DIGITS

SECTION B. PREGNANCY HISTORY

The next section of the interview concerns your pregnancy history. This includes live births, stillbirths, miscarriages, abortions, and tubal or other ectopic pregnancies.

- B1.** On or before _____ (REF DATE), did you ever have any of the types of pregnancies listed on this card?
PROBE ALL NO OR DK ANSWERS

SHOW CARD B1 / B2 / B4

YES1
NO2 (SECTION C)
DK9 (SECTION C)

- B2.** Please tell me how many of each of the following types of pregnancies you have had:

READ EACH CATEGORY SEPARATELY

SHOW CARD B1 / B2 / B4

(a) SINGLE LIVE BIRTH __ __
(b) MULTIPLE BIRTH, ANY LIVING __ __
(c) MULTIPLE BIRTH, NONE LIVING __ __
(d) STILLBIRTH..... __ __
(e) MISCARRIAGE..... __ __
(f) INDUCED ABORTION..... __ __
(g) ECTOPIC OR TUBAL..... __ __
OTHER, SPECIFY:..... __ __

- B3.** Let's count up the total number of pregnancies you have had.

TOTAL NUMBER OF PREGNANCIES __ __

PREGNANCY HISTORY TABLE



Now I will ask some questions about (that pregnancy/each of your pregnancies in the order that they occurred).

ASK B4-B8 FOR **EACH** PREGNANCY BEFORE ASKING ABOUT THE NEXT ONE.

	1 ST PREGNANCY	2 ND PREGNANCY
B4. What was the outcome of your (1st, 2nd, etc.) pregnancy? <div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1 B2 B4 </div>	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH..... 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION..... 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER..... 97 (B5b)	SINGLE LIVE BIRTH..... 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER..... 97 (B5b)
B5a. ASK IF B4 = 5 (MISCARRIAGE) How was this pregnancy confirmed: by a doctor, a home test, or some other method? CIRCLE ONLY ONE RESPONSE	DOCTOR/LAB TEST 1 HOME TEST 2 NOT CONFIRMED 3 OTHER METHOD..... 7 SPECIFY _____ DK 9	DOCTOR/LAB TEST 1 HOME TEST 2 NOT CONFIRMED 3 OTHER METHOD 7 SPECIFY _____ DK 9
B5b. Counting from your last menstrual period, how many weeks did this pregnancy last?	_____ # WEEKS (B6)	_____ # WEEKS (B6)
B5c. How many months did this pregnancy last?	_____ # MONTHS	_____ # MONTHS
B6. In what month and year did this pregnancy end? USING B5b or B5c and B6: IN BLUE PENCIL PUT PRG ON CALENDAR FOR THE 1ST and LAST MONTHS OF THE PREGNANCY and CONNECT WITH A LINE.	<div style="text-align: center;"> _____/_____ MO YR </div> Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 or SECTION C)	<div style="text-align: center;"> _____/_____ MO YR </div> Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 or SECTION C)
B7. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby/any of these babies) at all?	YES..... 1 NO..... 2 (IF NO: B4 or SECTION C)	YES..... 1 NO 2 (IF NO: B4 or SECTION C)
B8. For how long did you breast feed? USING B6 and B8: IN BLUE PENCIL PUT NUR ON CALENDAR FOR THE 1ST and LAST MONTHS OF NURSING and CONNECT WITH A LINE.	_____ # OF DAYS 1 WEEKS 2 MONTHS 3	_____ # OF DAYS 1 WEEKS 2 MONTHS 3

(B4 or SECTION C)

(B4 or SECTION C)

B9. BEFORE SKIPPING TO SECTION C PROBE: Did you have any other pregnancies?

PREGNANCY HISTORY TABLE CONTINUED

	3 RD PREGNANCY	4 TH PREGNANCY
B4. What was the outcome of your (1st, 2nd, etc.) pregnancy? <div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1 B2 B4 </div>	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER 97 (B5b)	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER 97 (B5b)
B5a. ASK IF B4 = 5 (MISCARRIAGE) How was this pregnancy confirmed: by a doctor, a home test, or some other method? CIRCLE ONLY ONE RESPONSE	DOCTOR/LAB TEST 1 HOME TEST 2 NOT CONFIRMED 3 OTHER METHOD 7 SPECIFY _____ DK 9	DOCTOR/LAB TEST 1 HOME TEST 2 NOT CONFIRMED 3 OTHER METHOD 7 SPECIFY _____ DK 9
B5b. Counting from your last menstrual period, how many weeks did this pregnancy last?	_____ # WEEKS (B6)	_____ # WEEKS (B6)
B5c. How many months did this pregnancy last?	_____ # MONTHS	_____ # MONTHS
B6. In what month and year did this pregnancy end? USING B5b or B5c and B6: IN BLUE PENCIL PUT PRG ON CALENDAR FOR THE 1ST and LAST MONTHS OF THE PREGNANCY and CONNECT WITH A LINE.	_____/_____ MO YR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 or SECTION C)	_____/_____ MO YR Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 or SECTION C)
B7. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby/any of these babies) at all?	YES 1 NO 2 (If NO: B4 or SECTION C)	YES 1 NO 2 (If NO: B4 or SECTION C)
B8. For how long did you breast feed? USING B6 AND B8: IN BLUE PENCIL PUT NUR ON CALENDAR FOR THE 1ST and LAST MONTHS OF NURSING and CONNECT WITH A LINE.	_____ # OF DAYS 1 WEEKS 2 MONTHS 3	_____ # OF DAYS 1 WEEKS 2 MONTHS 3

(B4 or SECTION C)

(B4 or SECTION C)

B9. BEFORE SKIPPING TO SECTION C PROBE: Did you have any other pregnancies?

PREGNANCY HISTORY TABLE CONTINUED

	5 TH PREGNANCY	6 TH PREGNANCY
B4. What was the outcome of your (1st, 2nd, etc.) pregnancy? <div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1 B2 B4 </div>	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER 97 (B5b)	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER 97 (B5b)
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B5b. Counting from your last menstrual period, how many weeks did this pregnancy last?	_____ # WEEKS (B6)	_____ # WEEKS (B6)
B5c. How many months did this pregnancy last?	_____ # MONTHS	_____ # MONTHS
B6. In what month and year did this pregnancy end? <div style="text-align: center;"> _____/_____ MO YR </div> USING B5b or B5c and B6: IN BLUE PENCIL PUT PRG ON CALENDAR FOR THE 1ST and LAST MONTHS OF THE PREGNANCY and CONNECT WITH A LINE.	<div style="text-align: center;"> _____/_____ MO YR </div> Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 or SECTION C)	<div style="text-align: center;"> _____/_____ MO YR </div> Let's now record this PRG on the calendar. (IF NOT A LIVE BIRTH, SKIP TO B4 or SECTION C)
B7. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby/any of these babies) at all?	YES 1 NO 2 (IF NO: B4 or SECTION C)	YES 1 NO 2 (IF NO: B4 or SECTION C)
B8. For how long did you breast feed? USING B6 and B8: IN BLUE PENCIL PUT NUR ON CALENDAR FOR THE 1ST and LAST MONTHS OF NURSING and CONNECT WITH A LINE.	<div style="text-align: center;"> _____ # OF </div> DAYS 1 WEEKS 2 MONTHS 3	<div style="text-align: center;"> _____ # OF </div> DAYS 1 WEEKS 2 MONTHS 3
	(B4 or SECTION C)	(B4 or SECTION C)

B9. BEFORE SKIPPING TO SECTION C PROBE: Did you have any other pregnancies?

PREGNANCY HISTORY TABLE CONTINUED

	7 TH PREGNANCY	8 TH PREGNANCY
B4. What was the outcome of your (1st, 2nd, etc.) pregnancy? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD B1 B2 B4 </div>	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER 97 (B5b)	SINGLE LIVE BIRTH 01 (B5c) MULT, ANY LIVING 02 (B5c) MULT, NONE LIVING 03 (B5c) STILLBIRTH 04 (B5c) MISCARRIAGE 05 (B5a) INDUCED ABORTION 06 (B5b) ECTOPIC or TUBAL 07 (B5b) OTHER 97 (B5b)
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B5b. Counting from your last menstrual period, how many weeks did this pregnancy last?	_____ # WEEKS (B6)	_____ # WEEKS (B6)
B5c. How many months did this pregnancy last?	_____ # MONTHS	_____ # MONTHS
B6. In what month and year did this pregnancy end? <div style="text-align: center;"> _____/_____ MO YR </div> <p>USING B5b or B5c and B6: IN BLUE PENCIL PUT PRG ON CALENDAR FOR THE 1ST and LAST MONTHS OF THE PREGNANCY and CONNECT WITH A LINE.</p>	<div style="text-align: center;"> _____/_____ MO YR </div> <p>Let's now record this PRG on the calendar.</p> <p>(IF NOT A LIVE BIRTH SKIP TO B4 or SECTION C)</p>	<div style="text-align: center;"> _____/_____ MO YR </div> <p>Let's now record this PRG on the calendar.</p> <p>(IF NOT A LIVE BIRTH SKIP TO B4 or SECTION C)</p>
B7. ASK ONLY IF A LIVE BIRTH: Did you breast feed (this baby/any of these babies) at all?	YES 1 NO 2 (IF NO: B4 or SECTION C)	YES 1 NO 2 (IF NO: B4 or SECTION C)
B8. For how long did you breast feed? USING B6 and B8: IN BLUE PENCIL PUT NUR ON CALENDAR FOR THE 1ST and LAST MONTHS OF NURSING and CONNECT WITH A LINE.	<div style="text-align: center;"> _____ # OF </div> DAYS 1 WEEKS 2 MONTHS 3	<div style="text-align: center;"> _____ # OF </div> DAYS 1 WEEKS 2 MONTHS 3
	(B4 or SECTION C)	(B4 or SECTION C)

B9. BEFORE SKIPPING TO SECTION C PROBE: Did you have any other pregnancies?

SECTION C. MENSTRUATION AND MENOPAUSE HISTORY

Now I would like to ask you some questions about your menstrual history.

- C1.** Looking at the calendar, at what age did you have your first menstrual period (your best estimate is just fine)?

____ AGE _____ NEVER HAD PERIOD 00 (C4)

Let's now record the approximate date of your first menstrual period on the calendar.

PUT **FMP** ON CAL. IF FMP MONTH IS NOT KNOWN, FIND DOB ON CALENDAR. DROP STRAIGHT DOWN BIRTH MONTH COLUMN TO FMP AGE. COUNT OFF THE NEXT 5 MONTHS AND CODE FMP AND NOTE (DOB+5 RULE) IN MARGIN.

- C2.** Looking at the calendar, how old were you when you had your last menstrual period before _____ (REF DATE)?

____ / ____ PUT **LMP1** ON CAL
AGE

IF EXACT MONTH OR SEASON CAN'T BE IDENTIFIED, USE JUNE RULE FOR CALENDAR MONTH.

- C3.** What was your menstrual status in _____ (RF-1 MO), that is one month before your reference date?

SHOW CARD C3

STILL HAVING PERIODS AND **NOT** ON HRT 01

STILL HAVING PERIODS AND ON HRT 02

GOING THROUGH MENOPAUSE OR CHANGE OF LIFE 03

PERIODS HAD COMPLETELY STOPPED BY THEMSELVES OR
NATURAL MENOPAUSE..... 04

PERIODS HAD STOPPED BY SURGERY REMOVING THE
UTERUS OR BOTH OVARIES 05

PERIODS HAD STOPPED BY RADIATION OR
CHEMOTHERAPY 06

OTHER, SPECIFY _____

DK..... 99

- C4.** Hot flashes, night sweats, and other symptoms sometimes occur around the time of menopause. Before _____ (REF DATE) did you ever experience any menopausal symptoms such as hot flashes, night sweats, vaginal dryness, bladder problems, irregular or heavy menstrual bleeding, depression, anxiety or emotional problems, or insomnia?

SHOW CARD C4 / C6

YES 1

NO 2 (C11)

DK 9 (C11)

- C5.** How old were you when you first started having any of these menopausal symptoms?

____ AGE

C6. Which of the following symptoms did you experience?
ASK C6, THEN ASK C7 FOR EACH ONE CIRCLED.

C7. How would you rate the severity of your
[SYMPTOM]? Mild, moderate, or severe?

(READ EACH SYMPTOM & CIRCLE ALL THAT APPLY)

SHOW
CARD
C4
C6

	MILD	MODERATE	SEVERE	DK
HOT FLASHES[01]	1	2	3	9
SWEATING (INCLUDING NIGHT SWEATS).....[02]	1	2	3	9
VAGINAL DRYNESS[03]	1	2	3	9
BLADDER PROBLEMS[04]	1	2	3	9
IRREGULAR MENSTRUAL BLEEDING[05]	1	2	3	9
HEAVY MENSTRUAL BLEEDING[06]	1	2	3	9
DEPRESSION, ANXIETY, OR EMOTIONAL DISTRESS[07]	1	2	3	9
INSOMNIA[08]	1	2	3	9
OTHER, SPECIFY _____ [_ _]	1	2	3	9
OTHER, SPECIFY _____ [_ _]	1	2	3	9

IF HOT FLASHES **NOT** NOTED ABOVE CONFIRM R DID NOT EXPERIENCE HOT FLASHES.

C6a. Just to confirm, you have never experienced hot flashes associated with menopause?

1. SHE HAD HOT FLASHES, NOTE THIS IN C6 AND C7 and THEN CONTINUE TO C8A.
2. SHE DID NOT HAVE HOT FLASHES SKIP TO C11.

Now I am going to ask you about your hot flashes and whether or not perspiration accompanied them.

ASK COLUMN a FOR C8-C10. THEN FOR EACH YES COMPLETE b-d.		SHOW CARD C8/ C9/ C10 b	SHOW CARD C8/ C9/ C10 c	
	a. Before _____ (REF DATE) did you experience hot flashes . . . <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">SHOW CARD C8/ C9/ C10 a</div>	b. On average, how many minutes did these episodes last?	c. How often did these occur in a typical week?	d. For how many total weeks, months, or years did you have them?
C8.	Without perspiration? YES..... 1 (C9) NO 2 (C9) DK..... 9 (C9)	(Without perspiration) < 1 MIN 1 1-4 MIN 2 5+ MIN 3 DK 9	(Without perspiration) ≤1 TIME 1 2-3 TIMES 2 4+ TIMES 3 DK 9	(Without perspiration) — — WEEKS 1 MONTHS..... 2 YEARS 3 DK 9
C9.	With mild or moderate perspiration? YES..... 1 (C10) NO 2 (C10) DK..... 9 (C10)	(Mild/Moderate perspiration) < 1 MIN 1 1-4 MIN 2 5+ MIN 3 DK 9	(Mild/Moderate perspiration) ≤1 TIME 1 2-3 TIMES 2 4+ TIMES 3 DK 9	(Mild/Moderate perspiration) — — WEEKS 1 MONTHS..... 2 YEARS 3 DK 9
C10.	With severe perspiration resulting in awakening from sleep or stopping an activity until the sensation subsided? YES..... 1 (Column b) NO 2 (*) DK..... 9 (*)	(With severe perspiration) < 1 MIN 1 1-4 MIN 2 5+ MIN 3 DK 9	(With severe perspiration) ≤1 TIME 1 2-3 TIMES 2 4+ TIMES 3 DK 9	(With severe perspiration) — — WEEKS 1 MONTHS..... 2 YEARS 3 DK 9

*IF C8-C10a ARE ALL NO/DK SKIP TO C11. OTHERWISE GO TO COLUMN **b** FOR EACH YES in COLUMN **a**.

C11. Before _____ (REF DATE), did you have a hysterectomy (that is, did you have your womb or uterus removed)?

YES 1
 NO 2 (C14)
 DK 9 (C14)

C12. How old were you when you had your hysterectomy? **PRESENT CALENDAR.**

__ __ AGE

Now let's record your hysterectomy on the calendar.

PUT **HYS** ON CAL. IF R CAN'T IDENTIFY A MONTH OR SEASON, USE THE JUNE RULE FOR MONTH.
 FIND THE JUNE MONTH WHEN SHE WOULD BE (C12 AGE) and **CODE HYS (JUNE RULE).**

C13. Why did you have a hysterectomy? (CIRCLE ALL THAT APPLY)

SHOW CARD C13

FIBROID TUMORS 01
 DYSMENORRHEA (PAINFUL BLEEDING)..... 02
 METRORRHAGIA (IRREGULAR BLEEDING) 03
 FEMALE CANCER
 (OVARIAN, CERVICAL, ENDOMETRIAL, UTERINE)..... 04
 ENDOMETRIOSIS 05
 BIRTH CONTROL 06
 OTHER, SPECIFY _____ -- --
 OTHER, SPECIFY _____ -- --
 OTHER, SPECIFY _____ -- --
 OTHER, SPECIFY _____ -- --
 DK..... 99

- C14.** Before _____ (REF DATE), did you ever have any surgery involving either partial or total removal of one or both of your ovaries? Different types of ovarian surgeries are listed on this card.

SHOW CARD C14/ C15

YES 1
 NO 2 (SECTION D)
 DK 9 (SECTION D)

OVARIAN SURGERIES

*C15a. Which of the operations listed on this card did you have? PUT OVR ON CAL. (CIRCLE ALL THAT APPLY)	b. How many times did you have a [procedure] performed?	c. Which side(s) was it performed on?	d. EXCEPT FOR CYST REMOVALS, ASK: How old were you when you had this procedure? RECORD ON CALENDAR
CYST REMOVAL.....[1]	___	L R B DK 1 2 3 9	(DO NOT ASK)
PARTIAL REMOVAL (ASPIRATIONS/WEDGE RESECTIONS)[2]	___	L R B DK 1 2 3 9	___
COMPLETE REMOVAL OF OVARY (S).....[3]	___	L R B DK 1 2 3 9	___
PARTIAL REM. OF OVARY (S) @ HYST[4]	(DO NOT ASK)	L R B DK 1 2 3 9	___
COMPLETE REM. OF OVARY (S) @ HYST[5]	(DO NOT ASK)	L R B DK 1 2 3 9	___
UNKNOWN TYPE OVARIAN SURGERY[9]	___	L R B DK 1 2 3 9	___

Let's record your ovarian surgery (s) on the calendar.

*IF R CAN'T IDENTIFY A MONTH OR SEASON, USE THE JUNE RULE FOR MONTH. FIND THE JUNE MONTH WHEN SHE WOULD BE (C15 AGE) and CODE **OVR (JUNE RULE)**.

- C16.** Please look at this card just to check again. Before _____ (REF DATE) how many ovaries altogether did you have **removed** after **all** your surgeries? (CIRCLE ONLY ONE)

SHOW CARD C16

ONLY CYSTS REMOVED..... 1
 ONE OVARY PARTIALLY REMOVED..... 2
 ONE OVARY TOTALLY REMOVED 3
 BOTH OVARIES PARTIALLY REMOVED 4
 BOTH OVARIES, ONE TOTAL, ONE PARTIALLY, REMOVED 5
 BOTH OVARIES TOTALLY REMOVED 6
 DK..... 9

SECTION D. HORMONE MEDICATION HISTORY

Now I have some questions about hormone medications you might have used ***around menopause, or for reasons related to menopause (or after female surgery)***.

- D1.** Before _____ (REF DATE), did you ever use any prescription ***hormone*** medications for any of the reasons listed on this card, or for any other reason, just before the onset of menopause, around the time of menopause, or after menopause (or after female surgery which caused menopause)?

SHOW
CARD
D1 / D2 / D8b

YES 1
 NO 2 (D4)
 DK..... 9 (D4)

- D2.** For which of the following reasons did you use them? (CIRCLE ALL THAT APPLY)

SHOW
CARD
D1 / D2/ D8b

IRREGULAR MENSTRUAL BLEEDING..... [01]
 HEAVY MENSTRUAL BLEEDING..... [02]
 DELAY of MENOPAUSE or the CHANGE of LIFE [03]
 HOT FLASHES and/or SWEATING..... [04]
 VAGINAL DRYNESS [05]
 BLADDER PROBLEMS [06]
 DEPRESSION, ANXIETY, or EMOTIONAL DISTRESS..... [07]
 MEDICATION PRESCRIBED AFTER HYSTERECTOMY and/or
 REMOVAL of the OVARIES..... [08]
 PREVENTION or TREATMENT of BONE LOSS or OSTEOPOROSIS [09]
 PREVENTION or TREATMENT of HEART or CARDIOVASCULAR
 DISEASE [10]
 INSOMNIA..... [11]
 OTHER, SPECIFY _____ []
 OTHER, SPECIFY _____ []
 OTHER, SPECIFY _____ []
 OTHER, SPECIFY _____ []
 DK _____ [99]

IF SHE NEVER HAD A PERIOD (SEE C1) CIRCLE **00** BELOW AND GO TO **D4**.

- D3.** Using these hormones may cause women to keep having periods. How old were you when you had your last menstrual period ***before*** beginning any hormone use? PUT **LMP2** ON CALENDAR.

AGE ___

DATE ___ / ___

NEVER HAD PERIOD..... 00 (D4)

IF R CAN'T IDENTIFY A MONTH OR SEASON, USE THE JUNE RULE FOR MONTH. FIND THE JUNE MONTH WHEN SHE WAS (D3 AGE) and CODE **LMP2 (JUNE RULE)**.

- D4. Before _____ (REF DATE) did you use any of the **hormone** medications, like the ones listed on this card? (**PROBE:** These hormones may have been in the form of a pill, shot, implant, skin patch, vaginal cream, or suppository.)

SHOW CARD D4 / D8a / D15

YES 1 (D5)
NO 2 (D5)
DK..... 9 (D5)

- D5. Before (REF DATE), did you use any of the hormone medications, like the ones shown in these photographs, for reasons related to menopause?

HRT PHOTO BOOK

YES 1
NO 2 (D4=YES to D6. D4 = NO to D17)
DK..... 9 ((D4=YES to D6. D4 = NO to D17))

We are now going to record your hormone use on the calendar.

Please show me the months when you were using hormones around the time of menopause, (female surgery) or later. (We do not want the details of each type or dose of hormone just yet. We only want to outline your use of any hormone on this calendar.)

FOLLOW INSTRUCTIONS 1 – 4 BELOW:

1. In what month and year did you (first/next) **start using** hormones?

IN **RED** PENCIL RECORD **HRT** ON CALENDAR IN FIRST MONTH WHEN HORMONES WERE USED.

2. In what month and year did you (first/next) **stop using** hormones?

IN **RED** PENCIL RECORD **HRT** ON CALENDAR IN LAST MONTH WHEN HORMONES WERE USED.

3. Do I have this correct? You used some type of hormone continuously between here (POINT TO HRT START MONTH ON CALENDAR) and here (POINT TO HRT STOP MONTH ON CALENDAR).

IF RESPONSE IS **YES:**

CONNECT FIRST MONTH TO LAST MONTH WITH A **RED** LINE OR **Z** IF DURATION IS GREATER THAN 2 CALENDAR YEARS.

4. **ASK ABOUT ANY OTHER TIMES HORMONES WERE USED BY RETURNING TO INSTRUCTION 1 ABOVE AND CONTINUE UNTIL REF DATE IS REACHED.**

HORMONE HISTORY



Now I am interested in collecting some more detailed information on the hormone(s) you have used, either alone or together. Let's look at the calendar.

ASK ABOUT EACH SEPARATE HORMONE EPISODE ON THE CALENDAR.
ASK D6-D16 FOR ONE EPISODE BEFORE ASKING ABOUT THE NEXT.

	HORMONE 1	HORMONE 2
D6. You told me that you (first/next) used hormones in _____. When did you start using this hormone/new dose?	____ / ____ YR ____	____ / ____ YR ____
D7. What form was this hormone in? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D7 </div>	PILL 1 SHOT 2 PATCH 3 IMPLANT 4 VAGINAL CREAM/SUPP 5 LIQUID/NASAL SPRAY 6	PILL 1 SHOT 2 PATCH 3 IMPLANT 4 VAGINAL CREAM/SUPP 5 LIQUID/NASAL SPRAY 6
D8a. What was the name and dosage of this hormone? Let's look at show card D8a. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D4/ D8a D15 </div> b. What was your <i>main</i> reason for using this hormone? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D1/ D2/ D8b </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> NAME AND DOSAGE _____ TYPE: EST 1 CODE _____ PRG 2 EST/PROG 3 OTH 7 DK 9 REASON FOR USE _____ _____ _____	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> NAME AND DOSAGE _____ TYPE: EST 1 CODE _____ PRG 2 EST/PROG 3 OTH 7 DK 9 REASON FOR USE _____ _____ _____
D9a. ASK IF: D7 = 1 PILL OR 6 LIQ/SPRAY How often did you take it? (Did you take it every day or in cycles/so many days a month?) b. How many pills/other did you take each time?	01 – 01 EVERYDAY ____ – ____ PER MONTH (SPECIFY) _____ _____ #PILLS PER DAY: ____ . ____ (D12)	01 – 01 EVERYDAY ____ – ____ PER MONTH (SPECIFY) _____ _____ #PILLS PER DAY: ____ . ____ (D12)
D10. ASK IF: D7 = 2 SHOTS 3 SKIN PATCHES 4 IMPLANT 5 VAGINAL CRM/SUP How many times per week or month did you use this hormone?	# TIMES PER WK 1 PER MO 2 PER YR 3 PER DECADE 4 DK 9 IF SHOTS, SKIN PATCHES OR IMPLANTS, SKIP TO D12	# TIMES PER WK 1 PER MO 2 PER YR 3 PER DECADE 4 DK 9 IF SHOTS, SKIN PATCHES OR IMPLANTS, SKIP TO D12
D11. ASK IF: D7 = 5 VAG CRM/SUP How many (applicators full of cream/ suppositories) did you use each time?	≤ 1 1 > 1 2 DK 9	≤ 1 1 > 1 2 DK 9

HORMONE HISTORY CONTINUED

	HORMONE 1	HORMONE 2
D12. Did you have any of these complications or side effects while using (HORMONE)? (CIRCLE ALL THAT APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD D12</div>	No complications/side effects..... [00] Vaginal bleeding..... [01] Breast tenderness/discharge [02] Headache/dizzy..... [03] Weight changes..... [04] Depression/irritability [05] Water retention/swelling in hands/feet/face..... [06] Nausea [07] Developed high blood pressure. . [08] Developed lump in breast [09] Skin rash/irritation..... [10] Hot flashes [11] OTHER, SPECIFY _____ [__] DK..... [99]	No complications/side effects [00] Vaginal bleeding [01] Breast tenderness/discharge [02] Headache/dizzy [03] Weight changes [04] Depression/irritability..... [05] Water retention/swelling in hands/feet/face [06] Nausea..... [07] Developed high blood pressure.. [08] Developed lump in breast [09] Skin rash/irritation [10] Hot flashes [11] OTHER, SPECIFY _____ [__] DK [99]
D13. When did you stop using, change dosage of, or change your pattern of use of (HORMONE)?	<div style="text-align: center;"> ____ / ____ MO YR </div> IF D13 = REF DATE, SKIP TO D15.	<div style="text-align: center;"> ____ / ____ MO YR </div> IF D13 = REF DATE, SKIP TO D15.
D14. What were the main reasons that you (stopped using it/changed dosage/changed your pattern of use)? (CIRCLE ALL THAT APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD D14</div>	Complications/side effects [01] Concern [02] No longer needed/ tx complete [03] Didn't work (dose/type) [04] Too expensive/not available..... [05] Breast cancer suspected..... [06] Hysterectomy [07] Dr told her to stop (no other reason)..... [08] Non-Breast disease, SPECIFY _____ [__] OTHER, SPECIFY _____ [__] DK..... [99]	Complications/side effects [01] Concern [02] No longer needed/ tx complete... [03] Didn't work (dose/type) [04] Too expensive/not available [05] Breast cancer suspected [06] Hysterectomy [07] Dr told her to stop (no other reason) [08] Non-Breast disease, SPECIFY _____ [__] OTHER, SPECIFY _____ [__] DK [99]
D15. IF D8a IS ESTROGEN, SHOWCARD D15a IF D8a IS PROGESTIN, SHOWCARD D15b IF D8a IS COMBO E+P, SKIP TO D6/D17 While using (HORMONE), did you use another hormone at the same time? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD D4 / D8a / D15</div>	YES 1 NO 2 <div style="text-align: right;">(D6 OR D17)</div> YES ALREADY RECORDED..... 3 <div style="text-align: right;">(D6 OR D17)</div> DK..... 9 <div style="text-align: right;">(D6 OR D17)</div>	YES 1 NO 2 <div style="text-align: right;">(D7 OR D18)</div> YES ALREADY RECORDED 3 <div style="text-align: right;">(D6 OR D17)</div> DK 9 <div style="text-align: right;">(D6 OR D17)</div>
D16a. When you were using (HORMONE IN D8a) with the hormone you just mentioned, did you usually use both hormones every month? (How did you take them?)	YES, EVERY MONTH.....01 NO, IN CYCLES/OTHER, SPECIFY _____ _____ _____	YES, EVERY MONTH01 NO, IN CYCLES/OTHER, SPECIFY _____ _____ _____

NEXT USE

NEXT USE

D16b. BEFORE CONTINUING TO D17 PROBE: Did you use any other hormones?

HORMONE HISTORY CONTINUED

	HORMONE 3	HORMONE 4
D6. You told me that you (first/next) used hormones in _____. When did you start using this hormone/new dose?	____ / ____ MO YR	____ / ____ MO YR
D7. What form was this hormone in? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D7 </div>	PILL 1 SHOT 2 PATCH 3 IMPLANT 4 VAGINAL CREAM/SUPP 5 LIQUID/NASAL SPRAY 6	PILL 1 SHOT 2 PATCH 3 IMPLANT 4 VAGINAL CREAM/SUPP 5 LIQUID/NASAL SPRAY 6
D8a. What was the name and dosage of this hormone? Let's look at show card D8a. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D4/ D8a D15 </div> b. What was your <i>main</i> reason for using this hormone? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D1/ D2/ D8b </div>	NAME AND DOSAGE _____ _____ TYPE: EST 1 CODE PRG 2 EST/PROG 3 OTH 7 DK 9 REASON FOR USE _____ _____ _____	NAME AND DOSAGE _____ _____ TYPE: EST 1 CODE PRG 2 EST/PROG 3 OTH 7 DK 9 REASON FOR USE _____ _____ _____
D9a. ASK IF: D7 = 1 PILL OR 6 LIQ/SPRAY How often did you take it? (Did you take it every day or in cycles/so many days a month?) b. How many pills/other did you take each time?	01 – 01 EVERYDAY ____ – ____ PER MONTH (SPECIFY) _____ _____ _____ _____ _____ _____ #PILLS PER DAY: ____ . ____ (D12)	01 – 01 EVERYDAY ____ – ____ PER MONTH (SPECIFY) _____ _____ _____ _____ _____ _____ _____ #PILLS PER DAY: ____ . ____ (D12)
D10. ASK IF: D7 = 2 SHOTS 3 SKIN PATCHES 4 IMPLANT 5 VAGINAL CRM/SUP How many times per week or month did you use this hormone?	# TIMES PER WK 1 PER MO 2 PER YR 3 PER DECADE 4 DK 9 IF SHOTS, SKIN PATCHES OR IMPLANTS, SKIP TO D12	# TIMES PER WK 1 PER MO 2 PER YR 3 PER DECADE 4 DK 9 IF SHOTS, SKIN PATCHES OR IMPLANTS, SKIP TO D12
D11. ASK IF: D7 = 5 VAG CRM/SUP How many (applicators full of cream/ suppositories) did you use each time?	≤ 1 1 > 1 2 DK 9	≤ 1 1 > 1 2 DK 9

HORMONE HISTORY CONTINUED

	HORMONE 3	HORMONE 4
D12. Did you have any of these complications or side effects while using (HORMONE)? (CIRCLE ALL THAT APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D12</div>	No complications/side effects[00] Vaginal bleeding[01] Breast tenderness/discharge[02] Headache/dizzy[03] Weight changes[04] Depression/irritability[05] Water retention/swelling in hands/feet/face[06] Nausea[07] Developed high blood pressure...[08] Developed lump in breast[09] Skin rash/irritation[10] Hot flashes[11] OTHER, SPECIFY _____[] DK[99]	No complications/side effects[00] Vaginal bleeding[01] Breast tenderness/discharge[02] Headache/dizzy[03] Weight changes[04] Depression/irritability[05] Water retention/swelling in hands/feet/face[06] Nausea[07] Developed high blood pressure. .[08] Developed lump in breast[09] Skin rash/irritation[10] Hot flashes[11] OTHER, SPECIFY _____[] DK[99]
D13. When did you stop using, change dosage of, or change your pattern of use of (HORMONE)?	____ / ____ MO YR IF D13 = REF DATE, SKIP TO D15.	____ / ____ MO YR IF D13 = REF DATE, SKIP TO D15.
D14. What were the main reasons that you (stopped using it/changed dosage/changed your pattern of use)? (CIRCLE ALL THAT APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D14</div>	Complications/side effects[01] Concern[02] No longer needed/ tx complete....[03] Didn't work (dose/type)[04] Too expensive/not available[05] Breast cancer suspected[06] Hysterectomy[07] Dr told her to stop (no other reason)[08] Non-Breast disease, SPECIFY _____[] OTHER, SPECIFY _____[] DK[99]	Complications/side effects [01] Concern [02] No longer needed/ tx complete ... [03] Didn't work (dose/type) [04] Too expensive/not available..... [05] Breast cancer suspected..... [06] Hysterectomy [07] Dr told her to stop (no other reason)..... [08] Non-Breast disease, SPECIFY _____[] OTHER, SPECIFY _____[] DK [99]
D15. IF D8a IS ESTROGEN, SHOWCARD D15 IF D8a IS PROGESTIN, SHOWCARD D15 IF D8a IS COMBO E+P, SKIP TO D15 While using (HORMONE), did you use another hormone at the same time? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D4 / D8a / D15</div>	YES1 NO2 (D6 OR D17) YES ALREADY RECORDED3 (D6 OR D17) DK9 (D6 OR D17)	YES 1 NO 2 (D6 OR D17) YES ALREADY RECORDED..... 3 (D6 OR D17) DK 9 (D6 OR D17)
D16. When you were using (HORMONE IN D8a) with the hormone you just mentioned, did you usually use both hormones every month? (How did you take them?)	YES EVERY MONTH 01 NO: IN CYCLES/OTHER, SPECIFY _____ _____ _____	YES EVERY MONTH.....01 NO: IN CYCLES/OTHER, SPECIFY _____ _____ _____

NEXT USE

NEXT USE

D16a. BEFORE CONTINUING TO D17 PROBE: Did you use any other hormones?

HORMONE HISTORY CONTINUED

	HORMONE 5	HORMONE 6
D6. You told me that you (first/next) used hormones in _____. When did you start using this hormone/new dose?	_____/_____ MO YR	_____/_____ MO YR
D7. What form was this hormone in? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D7 </div>	PILL..... 1 SHOT 2 PATCH..... 3 IMPLANT 4 VAGINAL CREAM/SUPP..... 5 LIQUID/NASAL SPRAY 6	PILL..... 1 SHOT 2 PATCH..... 3 IMPLANT 4 VAGINAL CREAM/SUPP 5 LIQUID/NASAL SPRAY 6
D8a. What was the name and dosage of this hormone? Let's look at show card D8a. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D4/ D8a D15 </div> b. What was your <i>main</i> reason for using this hormone? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> SHOW CARD D1/ D2/ D8b </div>	NAME AND DOSAGE _____ _____. ____ TYPE: EST 1 CODE PRG 2 EST/PROG 3 OTH..... 7 DK 9 REASON FOR USE _____ _____ _____	NAME AND DOSAGE _____ _____. ____ TYPE: EST 1 CODE PRG 2 EST/PROG 3 OTH..... 7 DK 9 REASON FOR USE _____ _____ _____
D9a. ASK IF: D7 = 1 PILL OR 6 LIQ/SPRAY How often did you take it? (Did you take it every day or in cycles/so many days a month?) b. How many pills/other did you take each time?	01 – 01 EVERYDAY ____ – ____ PER MONTH (SPECIFY) _____ _____ _____ #PILLS PER DAY: ____. ____ (D12)	01 – 01 EVERYDAY ____ – ____ PER MONTH (SPECIFY) _____ _____ _____ #PILLS PER DAY: ____. ____ (D12)
D10. ASK IF: D7 = 2 SHOTS 3 SKIN PATCHES 4 IMPLANT 5 VAGINAL CRM/SUP How many times per week or month did you use this hormone?	# TIMES PER WK 1 PER MO 2 PER YR 3 PER DECADE 4 DK 9 IF SHOTS, SKIN PATCHES OR IMPLANTS, SKIP TO D12	# TIMES PER WK 1 PER MO 2 PER YR 3 PER DECADE 4 DK 9 IF SHOTS, SKIN PATCHES OR IMPLANTS, SKIP TO D12
D11. ASK IF: D7 = 5 VAG CRM/SUP How many (applicators full of cream/ suppositories) did you use each time?	≤ 1 1 > 1 2 DK 9	≤ 1 1 > 1 2 DK 9

HORMONE HISTORY CONTINUED

	HORMONE 5	HORMONE 6
D12. Did you have any of these complications or side effects while using (HORMONE)? (CIRCLE ALL THAT APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D12</div>	No complications/side effects[00] Vaginal bleeding[01] Breast tenderness/discharge[02] Headache/dizzy[03] Weight changes[04] Depression/irritability[05] Water retention/swelling in hands/feet/face[06] Nausea[07] Developed high blood pressure...[08] Developed lump in breast[09] Skin rash/irritation[10] Hot flashes[11] OTHER, SPECIFY _____ [] DK [99]	No complications/side effects.....[00] Vaginal bleeding[01] Breast tenderness/discharge[02] Headache/dizzy[03] Weight changes[04] Depression/irritability[05] Water retention/swelling in hands/feet/face[06] Nausea[07] Developed high blood pressure. [08] Developed lump in breast[09] Skin rash/irritation[10] Hot flashes[11] OTHER, SPECIFY _____ [] DK [99]
D13. When did you stop using, change dosage of, or change your pattern of use of (HORMONE)?	<div style="text-align: center;"> ____ / ____ MO YR IF D13 = REF DATE, SKIP TO D15 </div>	<div style="text-align: center;"> ____ / ____ MO YR IF D13 = REF DATE, SKIP TO D15 </div>
D14. What were the main reasons that you (stopped using it/changed dosage/changed your pattern of use)? (CIRCLE ALL THAT APPLY) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D14</div>	Complications/side effects[01] Concern[02] No longer needed/ tx complete...[03] Didn't work (dose/type)[04] Too expensive/not available[05] Breast cancer suspected[06] Hysterectomy[07] Dr told her to stop (no other reason)[08] Non-Breast disease, SPECIFY _____ [] OTHER, SPECIFY _____ [] DK [99]	Complications/side effects[01] Concern[02] No longer needed/ tx complete ..[03] Didn't work (dose/type)[04] Too expensive/not available[05] Breast cancer suspected[06] Hysterectomy[07] Dr told her to stop (no other reason)[08] Non-Breast disease, SPECIFY _____ [] OTHER, SPECIFY _____ [] DK [99]
D15. IF D8a IS ESTROGEN, SHOWCARD D15 IF D8a IS PROGESTIN, SHOWCARD D15 IF D8a IS COMBO E+P, SKIP TO D6/D17 While using (HORMONE), did you use another hormone at the same time? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SHOW CARD D4 / D8a / D15</div>	YES 1 NO 2 <div style="text-align: right;">(D6 OR D17)</div> YES ALREADY RECORDED 3 <div style="text-align: right;">(D6 OR D17)</div> DK 9 <div style="text-align: right;">(D6 OR D17)</div>	YES 1 NO 2 <div style="text-align: right;">(D6 OR D17)</div> YES ALREADY RECORDED 3 <div style="text-align: right;">(D6 OR D17)</div> DK 9 <div style="text-align: right;">(D6 OR D17)</div>
D16. When you were using (HORMONE IN D8a) with the hormone you just mentioned, did you usually use both hormones every month? (How did you take them?)	YES, EVERY MONTH 01 NO, IN CYCLES/OTHER, SPECIFY _____ _____ _____	YES, EVERY MONTH 01 NO, IN CYCLES/OTHER, SPECIFY _____ _____ _____ _____

NEXT USE

NEXT USE

D16a. BEFORE CONTINUING TO D17 PROBE: Did you use any other hormones?

D17. Before _____ (REF DATE), did you ever see any of the following health care providers?
(CIRCLE ALL THAT APPLY)

SHOW CARD D17

NO.....[00] (D20)
 NATUROPATH.....[01]
 HERBALIST.....[02]
 CHINESE MEDICINE DOCTOR.....[03]
 OSTEOPATH.....[04]
 CHIROPRACTOR.....[05]
 ACUPUNCTURIST.....[06]
 OTHER, SPECIFY.....[]
 UNKNOWN TYPE.....[99]

D18. Did (this provider/any of these providers) ever **prescribe or recommend** treatments for menopause that you did use or try?

SHOW CARD D18 / D20

YES1
 NO2 (D20)

--

D19. If YES, what herbs, natural hormones, alternative treatments or lifestyle changes did you use or try?

	a. Treatment Name	b. Code	c. Type: 1 = herbal 2 = nat horm 3 = lifestyle Other, SPECIFY	d. On average, before (REF DATE), how many pills/other did you take per: 1 = Day 3 = Mo 2 = Wk 4 = Yr	e. When did you start using this treatment?	f. When did you stop using this treatment?
1				___ . ___ / 1 2 3 4	___ / ___	___ / ___
2				___ . ___ / 1 2 3 4	___ / ___	___ / ___
3				___ . ___ / 1 2 3 4	___ / ___	___ / ___
4				___ . ___ / 1 2 3 4	___ / ___	___ / ___
5				___ . ___ / 1 2 3 4	___ / ___	___ / ___

D20. Before _____ (REF DATE), did you ever use any **over-the-counter** herbs (such as black cohosh or dong quai), natural estrogen or progesterone pills or creams, alternative treatments (such as increasing soy intake) or make any lifestyle changes for menopausal symptoms or to prevent diseases associated with menopause, other than those we have specifically discussed?

SHOW CARD D18 / D20

YES1
 NO2 (D22)
 DK9 (D22)

--

D21. What herbs, natural hormones, alternative treatments or lifestyle changes did you use or try?

	a. Treatment Name	b. Code	c. Type: 1 = herbal 2 = nat horm 3 = lifestyle Other, SPECIFY	d. On average, before _____ (REF DATE), how many pills/other did you take per: 1 = Day 3 = Mo 2 = Wk 4 = Yr	e. When did you start using this treatment?	f. When did you stop using this treatment?
1				___ . ___ / 1 2 3 4	___ / ___	___ / ___
2				___ . ___ / 1 2 3 4	___ / ___	___ / ___
3				___ . ___ / 1 2 3 4	___ / ___	___ / ___
4				___ . ___ / 1 2 3 4	___ / ___	___ / ___

ORAL CONTRACEPTIVE HISTORY

Now I have some questions about oral contraceptives or birth control pills.

D22. Before _____ (REF DATE), did you ever use birth control pills for preventing pregnancy or for any other reasons (that you haven't already mentioned)?

YES..... 1
 NO..... 2 (SECTION E)
 DK..... 9 (SECTION E)

PRESENT CALENDAR

ASK D23 - D24 FOR ONE EPISODE OF USE BEFORE ASKING ABOUT THE NEXT.



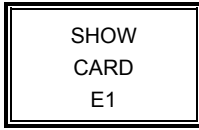
EPISODE	D23. In what month and year did you (first/next) use birth control pills? RECORD PIL ON CAL	D24. In what month and year did you (first/next) stop using birth control pills? RECORD PIL ON CAL
OC EPISODE #1	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #2	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #3	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #4	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #5	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #6	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #7	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)
OC EPISODE #8	____ / ____ MO YR	____ / ____ (D23 OR MO YR SECTION E)

IF RESPONDENT USED OCs AROUND THE TIME OF MENOPAUSE OR LATER, GO BACK TO D6-D16a AND COLLECT MORE DETAILED INFORMATION ABOUT THIS EPISODE OF OC USE.

SECTION E. MEDICAL HISTORY

This next section is about certain diseases, conditions, and surgeries you may have had. **PRESENT CALENDAR**

- E1.** Looking at this Show card, before _____ (REF DATE), about how long had it been since your last routine checkup by a doctor or other health professional?



NEVER HAD ROUTINE CHECKUP0
 LESS THAN 1 YEAR BEFORE REF DATE (1–11 MO) 1
 B/W 1 YR & 2 YRS BEFORE REF DATE (12–23 MO)2
 B/W 2 YRS & 3 YRS BEFORE REF DATE (24–35 MO).....3
 B/W 3 YRS & 4 YRS BEFORE REF DATE (36–47 MO).....4
 4 OR MORE YRS BEFORE REF DATE.....5
 DK WHEN HAD CHECKUP6
 DK IF HAD CHECKUP9

- E2.** Before _____ (REF DATE) did a doctor or health professional ever tell you that you had osteoporosis? (Osteoporosis is when the bones become thin and brittle.)

YES.....1
 NO2
 DK.....9

- E3a.** Before _____ (REF DATE) did you ever have your bone density measured?
 EXPLAIN PROCEDURE IF RESPONDENT NEEDS CLARIFICATION

YES.....1
 NO2 (E3c)
 DK.....9 (E3c)

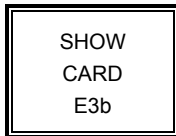
IF YES: COMPLETE E3a1-E3a3. DURING CONSENT SECTION L, COMPLETE BACK OF MEDICAL RECORDS CONSENT FOR LOCATION WHERE BONE DENSITY PROCEDURE WAS DONE.

BONE DENSITY MEASUREMENTS

	Facility #1	Facility #2	Facility #3
E3a1. At what hospital or clinic did you (first/next) have a dexa scan or sonometer test? Doctor's Name? Where is it located?	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> HOSPITAL/CLINIC <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DOCTOR'S NAME <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> LOCATION	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> HOSPITAL/CLINIC <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DOCTOR'S NAME <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> LOCATION	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> HOSPITAL/CLINIC <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DOCTOR'S NAME <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> LOCATION
E3a2. In what year did you have your last or most recent dexa scan or sonometer test <i>at this facility</i> ?	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> YEAR	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> YEAR	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> YEAR
E3a3. Have you had a dexa scan or sonometer test performed at another facility?	YES.....1 (Go to next column) NO.....2 (Go to E3b) DK.....9 (Go to E3b)	YES.....1 (Go to next column) NO.....2 (Go to E3b) DK.....9 (Go to E3b)	YES.....1 (Go to next column) NO.....2 (Go to E3b) DK.....9 (Go to E3b)

E3b. What are the reasons you had your bone density measured?

(CIRCLE ALL THAT APPLY)



ROUTINE SCREENING/DOCTOR SAID I SHOULD[01]

DOCTOR THOUGHT I MIGHT HAVE OSTEOPOROSIS ...[02]

FAMILY HISTORY OF OSTEOPOROSIS[03]

BONE FRACTURE[04]

OTHER, SPECIFY _____ []

DON'T KNOW _____ [99]

E3c. From the time you were 40 until _____ (REF DATE), did you ever break any of your bones?

YES..... 1

NO/NA, ONLY FRACTURE WAS OF HEAD OR FACE 2 (E4)

DK..... 9 (E4)



BONE FRACTURES

Fracture #	E3d. What did you break?	E3e. Code	E3f. How old were you when you broke this bone?	E3g. How did you break it?
1	_____	__ __	__ __	_____
2	_____	__ __	__ __	_____
3	_____	__ __	__ __	_____
4	_____	__ __	__ __	_____
5	_____	__ __	__ __	_____
6	_____	__ __	__ __	_____

	a. Before _____ (REF DATE), did a health care provider ever tell you that you had any of the following medical conditions? ASK a-d FOR ONE DISEASE BEFORE ASKING ABOUT THE NEXT.	b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had (CONDITION)? PUT ON CALENDAR	c. Before _____ (REF DATE), did you ever take prescription medication for this condition?	d. What age did you begin taking prescription medication for (CONDITION)? So that would have been around _____ (DATE EST)? PUT ON CALENDAR
E4.	Hypertension or high blood pressure (exc. during pregnancy or borderline)? YES.....1 NO2 (E5) DK.....9 (E5)	_____ AGE FIRST DIAGNOSED (HTN ON CALENDAR)	YES.....1 NO.....2 (E5) DK.....9 (E5)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE
E5.	Heart attack/Myocardial Infarction (MI)? YES.....1 NO2 (E6) DK.....9 (E6)	_____ AGE FIRST DIAGNOSED (MI ON CALENDAR)	YES.....1 NO.....2 (E6) DK.....9 (E6)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE
E6.	Coronary heart disease (blocked arteries/atherosclerosis)? YES.....1 NO2 (E7) DK.....9 (E7)	_____ AGE FIRST DIAGNOSED (CHD ON CALENDAR)	YES.....1 NO.....2 (E7) DK.....9 (E7)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE
E7.	Angina (heart related chest pain)? YES.....1 NO2 (E8) DK.....9 (E8)	_____ AGE FIRST DIAGNOSED (ANG ON CALENDAR)	YES.....1 NO.....2 (E8) DK.....9 (E8)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE
E8.	Arrhythmia (irregular heart beats such as atrial fibrillation)? YES.....1 NO2 (E9) DK.....9 (E9)	_____ AGE FIRST DIAGNOSED (ARR ON CALENDAR)	YES.....1 NO.....2 (E9) DK.....9 (E9)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE
E9.	Congestive heart failure? YES.....1 NO2 (E10) DK.....9 (E10)	_____ AGE FIRST DIAGNOSED (CHF ON CALENDAR)	YES.....1 NO.....2 (E10) DK.....9 (E10)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE
E10.	Phlebitis, pulmonary embolism, or a blood clot in your leg or lung? YES.....1 NO2 (E11) DK.....9 (E11)	_____ AGE FIRST DIAGNOSED (PHL ON CALENDAR)	YES.....1 NO.....2 (E11) DK.....9 (E11)	_____ AGE BEGAN MEDS _____/_____ ESTIMATED DATE

	a. Before _____ (REF DATE), did a health care provider ever tell you that you had any of the following medical conditions?	b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had (CONDITION)? PUT ON CALENDAR	c. Before _____ (REF DATE), did you ever take prescription medication for this condition?	d. What age did you begin taking prescription medication for (CONDITION)? So that would have been around _____ (DATE EST)? PUT ON CALENDAR
E11.	Any other heart conditions? NO 2 (E12) DK 9 (E12) YES 1 SPECIFY: _____ _____	_____ AGE FIRST DIAGNOSED _____ AGE FIRST DIAGNOSED	YES 1 NO 2 (E12) DK 9 (E12) YES 1 NO 2 (E12) DK 9 (E12)	AGE BEGAN MEDS _____ ESTIMATED DATE _____ AGE BEGAN MEDS _____ ESTIMATED DATE
E12.	Stroke? YES 1 NO 2 (E12a) DK 9 (E12a)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 DK 9	(DO NOT ASK)

E12a. Have you seen any doctors for the treatment of a heart condition/ stroke since _____ (RF-10)?

YES 1
NO 2 (E13)
DK 9 (E13)

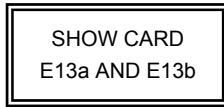
Now I am going to ask you about the physicians who have treated you for your heart condition/ stroke since _____ (RF-10)? These may include cardiologists and primary care providers.

E12b. What is the name of the first doctor you saw for a heart condition/ stroke since _____ (RF-10)?	E12c. When did you first see this doctor?	E12d. When did you last see this doctor?	E12e. Have you seen any other doctors for a heart condition/ stroke since _____ (RF-10)?
_____ NAME OF DOCTOR _____ LOCATION (CLINIC NAME/CITY/STATE)	____ / ____ MO. YEAR	____ / ____ MO. YEAR	YES 1 (E12c) NO 2 (E13) DK 9 (E13)
_____ NAME OF DOCTOR _____ LOCATION (CLINIC NAME/CITY/STATE)	____ / ____ MO. YEAR	____ / ____ MO. YEAR	YES 1 (E12c) NO 2 (E13) DK 9 (E13)
_____ NAME OF DOCTOR _____ LOCATION (CLINIC NAME/CITY/STATE)	____ / ____ MO. YEAR	____ / ____ MO. YEAR	YES 1 (E12c) NO 2 (E13) DK 9 (E13)

PAST HISTORY OF CARDIOVASCULAR MEDICATION USE

E13. To clarify, before _____ (REF DATE), did you ever take **any prescription medication** for high blood pressure, heart conditions or headaches? We have color pictures and Show cards of some medications which may help you recall the ones you may have used. Did you take any of these before _____ (REF DATE)?

REVIEW E4c-E11c FOR YES RESPONSES and ASK ABOUT MEDS FOR THESE CONDITIONS



YES..... 1
NO 2 (E14)
DK..... 9 (E14)

Starting when you were _____ (RF-20), what was the (first/next) medication you used for high blood pressure, heart conditions, or headaches?

medications

a. Medication Name	b. Strength	c. Dose Units mg mcg gm IU Other	d. Code	e. Number pills (or other) prescribed Per: 1 = Day 3 = Mo 2 = Wk 4 = Yr Was this taken on an as needed basis? 1 = Y 2 = N	f. Did you use this medication as prescribed? 1 = Y 2 = N (NO: TO E13g) IF YES: When did you first use it? (RECORD DATE & SKIP TO E13i)	g. On average, before _____ (REF DATE) how many pills/other did you actually take per: 1 = Day 3 = Mo 2 = Wk 4 = Yr
1				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
2				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
3				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
4				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
5				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
6				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
7				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
8				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
9				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
10				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
11				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
12				1	1 = Y 2 = N	____ . ____ / 1 2 3 4

					--. _ / 1 2 3 4 2	-- / -----	
--	--	--	--	--	-------------------	------------	--

PAST HISTORY OF CARDIOVASCULAR MEDICATION USE CONTINUED

*IF R STOPPED USING A MEDICATION FOR 3 MONTHS OR MORE AND THEN RESTARTED, RE-ENTER AS A NEW PERIOD OF USE, EXCEPT IF USED AS NEEDED.

	h. When did you first use this medication as you just described?	i. When did you last use this medication (as prescribed/ at this rate)?	j. Between these dates, did you ever stop using this medication for 3 mos or more?		k. You used this medication mainly for what condition?	l. Did you ever use a different dose, or ever change the number of times per (day/wk/mo/yr) you took this medication (from what your doctor prescribed)?	
			*Yes	No		Yes	No
1	___/___	___/___	1	2	_____	1	2
2	___/___	___/___	1	2	_____	1	2
3	___/___	___/___	1	2	_____	1	2
4	___/___	___/___	1	2	_____	1	2
5	___/___	___/___	1	2	_____	1	2
6	___/___	___/___	1	2	_____	1	2
7	___/___	___/___	1	2	_____	1	2
8	___/___	___/___	1	2	_____	1	2
9	___/___	___/___	1	2	_____	1	2
10	___/___	___/___	1	2	_____	1	2
11	___/___	___/___	1	2	_____	1	2
12	___/___	___/___	1	2	_____	1	2

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ASK a-c FOR ONE DISEASE BEFORE ASKING ABOUT THE NEXT ONE.

	a. Before _____(REF DATE), did a health care provider ever tell you that you had any of the following medical conditions?	b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had (CONDITION)?	c. Before _____(REF DATE), did you ever take prescription medication for this condition?	d. What age did you begin taking prescription medication for (CONDITION)? So that would have been around _____(ESTIMATED DATE)?
E14.	Periodontal disease? YES 1 NO 2 (E15) DK..... 9 (E15)	_____ AGE FIRST DIAGNOSED	(DO NOT ASK)	(DO NOT ASK)
E15.	Gingival hyperplasia? YES 1 NO 2 (E16) DK..... 9 (E16)	_____ AGE FIRST DIAGNOSED	(DO NOT ASK)	(DO NOT ASK)
E16.	High cholesterol, excluding borderline? YES 1 NO 2 (E17) DK..... 9 (E17)	_____ AGE FIRST DIAGNOSED PUT CHOL ON CALENDAR	YES 1 NO 2 (E17) DK 9 (E17)	_____ AGE BEGAN MEDS PUT CHOL MED ON CALENDAR _____/_____ ESTIMATED DATE

PAST HISTORY OF LIPID-LOWERING MEDICATION USE

E17. Now I would like to ask you about **any prescription medications** for lowering your cholesterol or lipids that you may have taken before _____ (REF DATE). We have color pictures and Show cards of some medications which may help you recall the ones you may have used. Did you taken any of these before _____ (REF DATE)?



YES..... 1
NO 2 (E18)
DK..... 9 (E18)

Starting when you were _____ (RF-20 years), what was the (first/next) medication you used for lowering your cholesterol or lipids?

 # medications

a. Medication Name	b. Strength	c. Dose Units mg mcg gm IU Other	d. Code	e. Number pills (or other) prescribed Per: 1 = Day 3 = Mo 2 = Wk 4 = Yr Was this taken on an as needed basis? 1 = Y 2 = N	f. Did you use this medication as prescribed? 1 = Y 2 = N (NO: TO E17g) IF YES: When did you first use it? (RECORD DATE & SKIP TO E17i)	g. On average, before _____ (REF DATE) how many pills/other did you actually take per: 1 = Day 3 = Mo 2 = Wk 4 = Yr
1				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
2				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
3				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
4				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
5				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
6				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
7				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
8				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
9				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
10				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
11				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
12				1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4

PAST HISTORY OF LIPID-LOWERING MEDICATION USE CONTINUED

*IF R STOPPED USING A MEDICATION FOR 3 MONTHS OR MORE AND THEN RESTARTED, RE-ENTER AS A NEW PERIOD OF USE, *EXCEPT* IF USED AS NEEDED.

	h. When did you first use this medication as you just described?	i. When did you last use this medication (as prescribed/ at this rate)?	j. Between these dates, did you ever stop using this medication for 3 mos or more?		k. You used this medication mainly for what condition?	l. Did you ever use a different dose, or ever change the number of times per (day/wk/mo/yr) you took this medication (from what your doctor prescribed)?	
			*Yes	No		Yes	No
1	___/___	___/___	1	2	_____	1	2
2	___/___	___/___	1	2	_____	1	2
3	___/___	___/___	1	2	_____	1	2
4	___/___	___/___	1	2	_____	1	2
5	___/___	___/___	1	2	_____	1	2
6	___/___	___/___	1	2	_____	1	2
7	___/___	___/___	1	2	_____	1	2
8	___/___	___/___	1	2	_____	1	2
9	___/___	___/___	1	2	_____	1	2
10	___/___	___/___	1	2	_____	1	2
11	___/___	___/___	1	2	_____	1	2
12	___/___	___/___	1	2	_____	1	2

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ASK a-c FOR ONE DISEASE BEFORE ASKING ABOUT THE NEXT ONE.

	a.	b.	c.	d.
	Before _____ (REF DATE), did a health care provider ever tell you that you had any of the following medical conditions?	Looking at the calendar, how old were you when a doctor or other health professional first told you that you had (CONDITION)?	Before _____ (REF DATE), did you ever take prescription medication for this condition?	What age did you begin taking prescription medication for (CONDITION)? So that would have been around _____(ESTIMATED DATE)?
E18.	Systemic Lupus? YES 1 NO 2 (E19) DK..... 9 (E19)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 DK..... 9	(DO NOT ASK)
E19.	Acne? YES 1 NO 2 (E20) DK..... 9 (E20)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 DK..... 9	(DO NOT ASK)
E20.	Asthma? YES 1 NO 2 (E21) DK..... 9 (E21)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 DK..... 9	(DO NOT ASK)
E21.	Hay fever? YES 1 NO 2 (E22) DK..... 9 (E22)	_____ AGE FIRST DIAGNOSED	YES 1 NO 2 DK..... 9	(DO NOT ASK)
E22.	Depression? YES 1 NO 2 (E23) DK..... 9 (E23)	_____ AGE FIRST DIAGNOSED PUT DEP ON CALENDAR	YES 1 NO 2 (E23) DK..... 9 (E23)	_____ AGE BEGAN MEDS PUT DEP MED ON CALENDAR _____/_____ ESTIMATED DATE

PAST HISTORY OF ANTIDEPRESSANT MEDICATION USE

Now I would like to ask you about any **prescription medications** you may have taken for **depression, sleeping problems, anxiety or nerves, chronic pain or emotional problems** in the last 20 years.

E23. Between _____ (RF-20) and _____ (REF DATE), did you ever use **any prescription** medications for any of these conditions? We have a Show card of some medications which may help you recall the ones you may have used. Did you take any of these between _____ (RF-20) and _____ (REF DATE)?



YES..... 1
 NO 2 (E24)
 DK..... 9 (E24)

Starting when you were _____ (RF-20 years), what was the (first/next) of these medications you took?

 # medications

	a. Medication Name	b. Strength	c. Dose Units mg mcg gm IU Other	d. Code	e. Number pills (or other) prescribed Per: 1 = Day 3 = Mo 2 = Wk 4 = Yr Was this taken on an as needed basis? 1 = Y 2 = N	f. Did you use this medication as prescribed? 1 = Y 2 = N (NO: TO E23g) IF YES: When did you first use it? (RECORD DATE & SKIP TO E23i)	g. On average, before _____ (REF DATE) how many pills/other did you actually take per: 1 = Day 3 = Mo 2 = Wk 4 = Yr
1					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
2					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
3					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
4					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
5					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
6					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
7					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
8					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
9					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
10					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
11					1 ____ / 1 2 3 4 2	1 = Y 2 = N ____ / _____	____ . ____ / 1 2 3 4
12					1	1 = Y 2 = N	____ . ____ / 1 2 3 4

					--. _ / 1 2 3 4 2	-- / -----	
--	--	--	--	--	-------------------	------------	--

PAST HISTORY OF ANTIDEPRESSANT MEDICATION USE CONTINUED

*IF R STOPPED USING A MEDICATION FOR 3 MONTHS OR MORE AND THEN RESTARTED, RE-ENTER AS A NEW PERIOD OF USE, EXCEPT IF USED AS NEEDED.

	h. When did you first use this medication as you just described?	i. When did you last use this medication (as prescribed/ at this rate)?	j. Between these dates, did you ever stop using this medication for 3 mos or more?		k. You used this medication mainly for what condition?	l. Did you ever use a different dose, or ever change the number of times per (day/wk/mo/yr) you took this medication (from what your doctor prescribed)?	
			*Yes	No		Yes	No
1	___/___	___/___	1	2	_____	1	2
2	___/___	___/___	1	2	_____	1	2
3	___/___	___/___	1	2	_____	1	2
4	___/___	___/___	1	2	_____	1	2
5	___/___	___/___	1	2	_____	1	2
6	___/___	___/___	1	2	_____	1	2
7	___/___	___/___	1	2	_____	1	2
8	___/___	___/___	1	2	_____	1	2
9	___/___	___/___	1	2	_____	1	2
10	___/___	___/___	1	2	_____	1	2
11	___/___	___/___	1	2	_____	1	2
12	___/___	___/___	1	2	_____	1	2

Now I am going to ask you about a few more medical conditions.

	a. Before _____ (REF DATE), did a doctor or other health professional ever tell you that you had:	b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had this (CANCER)?	
E24.	Cancer? YES.....1 NO2 (E25) DK.....9 (E25) What type? (CIRCLE ALL THAT APPLY) BREAST[01] OVARY[02] CERVICAL.....[03] UTERINE/ ENDOMETRIAL.[04] COLON[05] LUNG.....[06] OTHER 1, SPECIFY _____ [_] OTHER 2, SPECIFY _____ [_]	AGE FIRST DIAGNOSED ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	DETAILS ONLY IF BREAST = YES: ____ / ____ MO YEAR _____ TOWN _____ / _____ HOSPITAL Doctor's Name Did you have the same name when this breast cancer was diagnosed? YES1 NO2 IF NO: What was your name at that time? _____ RECORD THIS NAME ON IAF

IF a = YES, ANSWER b – d BEFORE GOING TO NEXT CONDITION

	a. Before _____ (REF DATE), did a doctor or other health professional ever tell you that you had the following medical conditions:	b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had (CONDITION)?	c. Before _____ (REF DATE), did you ever take prescription medication for this condition?	d. What age did you begin taking prescription medication for (CONDITION)? So that would have been around _____ (ESTIMATED DATE)?
E25.	Peptic, stomach, gastric, or duodenal ulcer? YES.....1 NO2 (E26) DK.....9 (E26)	AGE FIRST DIAGNOSED PUT ON CALENDAR AS ULC	YES1 NO2 (E26) DK9 (E26)	AGE BEGAN MEDS PUT ULC MED ON CALENDAR ____ / ____ ESTIMATED DATE
E26.	Arthritis? YES.....1 NO2 (E27) DK.....9 (E27) IF YES: What type? (CIRCLE ALL THAT APPLY) OSTEOARTHRITIS... [01] RHEUMATOID..... [02] OTHER, SPECIFY _____ [_] DON'T KNOW.....[99]	AGE FIRST DIAGNOSED PUT ON CALENDAR AS ARTH	YES1 NO2 (E27) DK9 (E27)	AGE BEGAN MEDS PUT ARTH MED ON CALENDAR ____ / ____ ESTIMATED DATE

PAST HISTORY OF PAIN MEDICATION USE

I would like to ask you about medications you may have taken since you were 20 years old for pain relief, headaches, joint pain, or for prevention of cardiovascular disease. Some are available over the counter, and some are only available by prescription. We are interested in medicines like aspirin, Tylenol, Motrin, Advil, Aleve, or Celebrex. (Please look at Show card E27/E28.)

- E27.** Have you ever used any of the medications on this card at least once a week for two months in a row or longer since you were 20 years old?

SHOW CARD E27 / E28

YES 1
NO 2 (E29a)
DK 9 (E29a)

E28. PAIN MEDICATIONS: AT LEAST 1 TIME A WEEK, FOR 2 CONSECUTIVE MONTHS, SINCE AGE 20

	1 ST	2 ND	3 RD	4 TH	5 TH
a. What was the name of the (first/next) medication you took?	_____ CODE	_____ CODE	_____ CODE	_____ CODE	_____ CODE
b. When did you start taking it?	___/___/___ MO YEAR	___/___/___ MO YEAR	___/___/___ MO YEAR	___/___/___ MO YEAR	___/___/___ MO YEAR
c. Why did you start using this medication? (CIRCLE ALL THAT APPLY)	PAIN RELIEF [1] HEADACHES [2] MIGRAINES [3] ARTHRITIS [4] PREVENT CV DZ [5] OTHER..... [] DK [9]	PAIN RELIEF [1] HEADACHES [2] MIGRAINES [3] ARTHRITIS [4] PREVENT CV DZ [5] OTHER..... [] DK [9]	PAIN RELIEF [1] HEADACHES [2] MIGRAINES [3] ARTHRITIS [4] PREVENT CV DZ [5] OTHER..... [] DK [9]	PAIN RELIEF [1] HEADACHES [2] MIGRAINES [3] ARTHRITIS [4] PREVENT CV DZ [5] OTHER..... [] DK [9]	PAIN RELIEF [1] HEADACHES [2] MIGRAINES [3] ARTHRITIS [4] PREVENT CV DZ [5] OTHER..... [] DK [9]
d. On average, how many pills did you take per day, week, or month?	___ . ___ PILLS ___ TIMES PER: DAY 1 WEEK 2 MONTH 3	___ . ___ PILLS ___ TIMES PER: DAY 1 WEEK 2 MONTH 3	___ . ___ PILLS ___ TIMES PER: DAY 1 WEEK 2 MONTH 3	___ . ___ PILLS ___ TIMES PER: DAY 1 WEEK 2 MONTH 3	___ . ___ PILLS ___ TIMES PER: DAY 1 WEEK 2 MONTH 3
e. What dose did you take? (PER PILL)	___ . ___ mg 1 OTHER ____ DK 9	___ . ___ mg 1 OTHER ____ DK 9	___ . ___ mg 1 OTHER ____ DK 9	___ . ___ mg 1 OTHER ____ DK 9	___ . ___ mg 1 OTHER ____ DK 9
f. When did you stop taking it use a different dose, or change pattern of use?	___/___/___ MO YEAR NO CHANGE .. 1	___/___/___ MO YEAR NO CHANGE .. 1	___/___/___ MO YEAR NO CHANGE . 1	___/___/___ MO YEAR NO CHANGE .. 1	___/___/___ MO YEAR NO CHANGE .. 1

- E28g. PROBE:** Did you use any of the other medications on Show card E27/E28?
IF YES, GO TO NEXT USE. IF NO, GO TO E29a.

PAST HISTORY OF MIGRAINE MEDICATION USE

E29a. Before _____ (REF DATE), did a health care provider ever tell you that you had migraine headaches? YES..... 1 NO..... 2 (E30a)	E29b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had migraine headaches? AGE FIRST DIAGNOSED _____ PUT MIG ON CALENDAR	E29c. Before _____ (REF DATE), did you ever take prescription medication for migraines? YES..... 1 NO..... 2 (E30a) DK..... 9 (E30a)	E29d. What age did you begin taking prescription medication for migraines? So that would have been around _____ (DATE EST)? AGE BEGAN MEDS _____ PUT MIG MED ON CALENDAR _____ / _____ ESTIMATED DATE
E30a. Before _____ (REF DATE), did a health care provider ever tell you that you had cluster headaches? YES..... 1 NO..... 2 (E31)	E30b. Looking at the calendar, how old were you when a doctor or other health professional first told you that you had cluster headaches? AGE FIRST DIAGNOSED _____ PUT CHA ON CALENDAR	E30c. Before _____ (REF DATE), did you ever take prescription medication for cluster headaches? YES..... 1 NO..... 2 (E31) DK..... 9 (E31)	E30d. What age did you begin taking prescription medication for cluster headaches? So that would have been around _____ (DATE EST)? AGE BEGAN MEDS _____ PUT CHA MED ON CALENDAR _____ / _____ ESTIMATED DATE

E31. Between age 20 and _____ (REF DATE), did you ever use **any** medications, either prescription or over the counter, for migraines or headaches that we have not already discussed? We have a show card of some medications which may help you recall the ones you may have used.

SHOW CARD E29c

YES = 1
NO = 2 (E32)
DK = 9 (E32)

of medications

	a. Medication Name	b. Strength (What dose did you take)	c. Dose Units mg mcg gm IU Other	d. Drug Class	e. Code	f. When did you first use this medication?	g. When did you last use this medication?	h. Between this time, how often did you take this medication? Per: 1 = Day 3 = Mo 2 = Wk 4 = Yr	i. Was this taken on an as needed basis?
1								1 2 3 4	Yes 1 No 2
2								1 2 3 4	Yes 1 No 2
3								1 2 3 4	Yes 1 No 2
4								1 2 3 4	Yes 1 No 2
5								1 2 3 4	Yes 1 No 2
6								1 2 3 4	Yes 1 No 2
7								1 2 3 4	Yes 1 No 2

IF STARTED AND STOPPED A DRUG AT DIFFERENT TIMES, RECORD THESE EPISODES SEPARATELY.

E31j. PROBE: Did you use any of the other medications? **IF YES, GO TO NEXT USE. IF NO, GO TO E32.**

Now, I would like to ask you about some other **prescription** medications you may have used, including medications for osteoporosis or osteoporosis prevention. (Please see RX Medications Photobook and Show card E32 – E36.)

PRESENT CALENDAR and ASK a-e BEFORE GOING ON TO THE NEXT MEDICATION

SHOW CARD E32 E33 E34 E36	a. Before _____ (REF DATE), did you ever take any of the following medications for one week or longer?	b. When did you start taking (MEDICATION)?	c. When did you last take (MEDICATION)?	d. During that time, did you ever stop taking this medication for six months or more?	e. Before _____ (REF DATE), for how many days, weeks, months, or years, total , did you take (MEDICATION)?
E32.	Tamoxifen / nolvadex (for the prevention or treatment of cancer) YES 1 NO 2 (E33) DK..... 9 (E33)	____/____ MO YR	____/____ MO YR	YES..... 1 NO 2	____ # OF DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4
E33.	Megace / megestrol acetate (for the prevention or treatment of cancer) YES 1 NO 2 (E34) DK..... 9 (E34)	____/____ MO YR	____/____ MO YR	YES..... 1 NO 2	____ # OF DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4
E34.	Evista / raloxifene (for the treatment of osteoporosis) YES 1 NO 2 (E35) DK..... 9 (E35)	____/____ MO YR	____/____ MO YR	YES..... 1 NO 2	____ # OF DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4
E35.	An other prescription drug for osteoporosis such as Fosamax? YES 1 SPECIFY: a. _____ _____ b. _____ _____ NO 2 (E36) DK..... 9 (E36)	____/____ MO YEAR	____/____ MO YEAR	YES..... 1 NO 2 YES..... 1 NO 2	____ # OF DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4 ____ # OF DAYS 1 WEEKS 2 MONTHS..... 3 YEARS 4

E36.	Dilantin for any reason or other drugs for epilepsy or for a seizure disorder				___ # OF
	YES, DILANTIN..... 01	___/___ YEAR	___/___ YEAR	YES..... 1	DAYS 1
	Other, SPECIFY: _____			NO 2	WEEKS 2
	NO 2 (E37)				MONTHS 3
	DK..... 9 (E37)				YEARS 4

E37. In the last 20 years before _____ (REF DATE), did you ever take any of these **over-the-counter** or **prescription** medications for ulcers, heartburn or stomach problems regularly for a week or more?

YES..... 1
 NO..... 2 (E43)
 DON'T KNOW..... 9 (E43)

PRESENT CALENDAR and ASK a-e BEFORE GOING ON TO THE NEXT MEDICATION

SHOW CARD E38 E39 E40 E41 E42	a. Before _____ (REF DATE), did you ever take any of the following medications for one week or longer?	b. When did you first start taking (MEDICATION)?	c. When did you last take (MEDICATION)?	d. During that time, did you ever stop taking this medication for six months or more?	e. Before _____ (REF DATE), for how many weeks, months, or years, total , did you take (MEDICATION?)
	E38. Tagamet / cimetidine YES..... 1 NO..... 2 (E39) DK..... 9 (E39)	___/___ YR	___/___ YR	YES..... 1 NO..... 2	___ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4
	E39. Zantac / ranitidine YES..... 1 NO..... 2 (E40) DK..... 9 (E40)	___/___ YR	___/___ YR	YES..... 1 NO..... 2	___ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4
	E40. Pepcid / famotidine YES..... 1 NO..... 2 (E41) DK..... 9 (E41)	___/___ YR	___/___ YR	YES..... 1 NO..... 2	___ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4
	E41. Axid / nizatidine YES..... 1 NO..... 2 (E42) DK..... 9 (E42)	___/___ YR	___/___ YR	YES..... 1 NO..... 2	___ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4

E42.	Other drug for ulcers, heartburn? YES.....1 SPECIFY: a. _____ b. _____ NO..... 2 (E43) DK..... 9 (E43)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2 YES..... 1 NO..... 2	____ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4 ____ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4
E43.	Melatonin YES..... 1 NO..... 2 (E44) DK..... 9 (E44)	____/____ MO YR	____/____ MO YR	YES..... 1 NO..... 2	____ # OF DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS 4

E44. Before _____ (REF DATE), did a doctor or other health professional ever tell you that you had a thyroid problem or any condition requiring thyroid medication or treatment?

YES1
 NO2 (E50)
 DK.....9 (E50)

E45. What type of problem/condition was this? (CIRCLE ALL THAT APPLY) **E46.** Looking at the calendar, how old were you when a doctor

SHOW CARD
E45

told you that you had this/these problems or conditions?

AGE FIRST DIAGNOSED

GRAVES' DISEASE.....[01]	— —
HASHIMOTO'S DISEASE (CHRONIC THYROIDITIS).....[02]	— —
OVERACTIVE (HYP ERACTIVE).....[03]	— —
UNDERACTIVE (HYP OACTIVE).....[04]	— —
GOITER[05]	— —
NODULES.....[06]	— —
CANCER[07]	— —
LOW METABOLISM[08]	— —
OVERWEIGHT.....[09]	— —
OTHER, SPECIFY _____ [—]	— —
DK[99]	— —

E47. Which, if any, of the medications shown on this card did you ever receive for this/these problem(s) or condition(s)? (CIRCLE ALL THAT APPLY)

E48. For how many months or years **total** did you take (E47)?

SHOW
CARD
E47

DON'T KNOW IF TOOK MED FOR THYROID TREATMENT[99] (E49)	TOTAL MONTHS OR YEARS
NONE[00] (E49)	
THYROID USP (CIRCLE) OR EQUIVALENT (SPECIFY) _____ [01]	3 = Mo 4 = Yr
SYNTHROID (CIRCLE) OR EQUIVALENT (SPECIFY) _____ [02]	3 = Mo 4 = Yr
THYROID GLAND INHIBITOR (SPECIFY)_____ [03]	3 = Mo 4 = Yr
UNKNOWN THYROID MEDICATION[04]	3 = Mo 4 = Yr
IODINE DROPS[05]	3 = Mo 4 = Yr
OTHER, SPECIFY _____ [—]	3 = Mo 4 = Yr

E49. Which, if any, of the procedures on this card did you ever have for this problem or condition?
 (CIRCLE ALL THAT APPLY)

SHOW
CARD
E49

NONE[00]
 THYROID SURGERY[01]
 RADIOACTIVE IODINE TREATMENT[02]

X-RAY OR RADIATION TREATMENT [03]
 OTHER, SPECIFY _____ [___ ___]
 YES, BUT UNKNOWN [08]
 DK..... [09]

E50. Before _____ (REF DATE), did a physician or other health professional ever tell you that you had **borderline diabetes** (not including diabetes during pregnancy)?

YES.....1
 NO.....2 (E52)
 DK.....9 (E52)

E51. How old were you when you were first told that you had **borderline diabetes**? **PRESENT CALENDAR**
 ____ AGE FIRST DIAGNOSED

E52. Before _____ (REF DATE) did a health professional ever tell you that you had diabetes?
 (Excluding borderline diabetes or diabetes during pregnancy.)

YES.....1
 NO.....2 (IF E50 = YES, SKIP TO E54. IF E50 = NO OR DK, SKIP TO E55)
 DK.....9 (IF E50 = YES, SKIP TO E54. IF E50 = NO OR DK, SKIP TO E55)

E53. How old were you when you were first told that you had diabetes? **PRESENT CALENDAR**
 ____ AGE FIRST DIAGNOSED

E54. Which of the following treatments have you used to treat your diabetes? (CIRCLE ALL THAT APPLY)

SHOW CARD E54	Treatment Type	Age First Used	Age Last Used	Total Duration
	None[00]	____	____	____ yrs
	Diet modification[01]	____	____	____ yrs
	Exercise[02]	____	____	____ yrs
	Weight reduction.....[03]	____	____	____ yrs
	Meds by mouth (oral hypoglycemic).....[04]	____	____	____ yrs
	Insulin injections[05]	____	____	____ yrs

	a. Before _____ (REF DATE), have you ever had any of these infections?	b. How old were you when you first had symptoms of (CONDITION)?	c. How old were you when (CONDITION) was first diagnosed by a physician or other health professional?	d. How many times has (CONDITION) recurred?	e. How old were you when you last had (CONDITION)?
E55.	Mononucleosis or mono? YES.....1 NO.....2 (E56) DK.....9 (E56)	____ FIRST AGE	____ AGE 1 st DIAGNOSED	(IF 01: GO TO E56) ____ # TIMES	____ LAST AGE
E56.	Epstein-Barr Virus (EBV)? YES.....1 NO.....2 (E57) DK.....9 (E57)	____ FIRST AGE	____ AGE 1 st DIAGNOSED	(IF 01: GO TO E57) ____ # TIMES	____ LAST AGE
E57.	Chronic Fatigue Syndrome? YES.....1 NO.....2 (E58) DK.....9 (E58)	____ FIRST AGE	____ AGE 1 st DIAGNOSED	(IF 01: GO TO E58) ____ # TIMES	____ LAST AGE

E58.	Repeated/recurrent sore throats?			(IF 01: GO TO E59)	
	YES.....1	__ __	__ __	__ __	__ __
	NO.....2 (E59)	FIRST AGE	AGE 1 st	# TIMES	LAST AGE
	DK.....9 (E59)		DIAGNOSED		

E59. Before _____ (REF DATE), did you have your tonsils removed?

YES 1
 NO 2 (E61)
 DK 9 (E61)

E60. How old were you at the time?

____ AGE SURGERY

OTHER SERIOUS MEDICAL CONDITIONS

E61. Before _____ (REF DATE), were you ever diagnosed with any other serious medical conditions we haven't discussed?	E62. When was this condition first diagnosed?	E63. Did you still have this condition in _____ (REF DATE)?		
YES.....1 SPECIFY:	MO / YEAR	Y	N	DK
_____	____ / _____	1	2	9
_____	____ / _____	1	2	9
_____	____ / _____	1	2	9
_____	____ / _____	1	2	9
_____	____ / _____	1	2	9
NO 2 (E64) DK..... 9 (E64)				

CURRENT PRESCRIPTION MEDICATION HISTORY

E64a. Are there any **prescription** medications you were taking in _____ (REF DATE) that we haven't already discussed?

YES.....1 We would actually like to see the bottles or packages if possible so we may accurately record the name and dose. (E64b)

NO.....2 (SECTION F)

Now let's record all of these prescription medications.

#

Medications

	b. Medication Name	c. Strength	d. Dose units mg mcg gm IU other	e. You used this medication mainly for what condition? (IF MORE DETAILED INFO ON THIS DRUG SHOULD HAVE BEEN COLLECTED IN A PREVIOUS SECTION BUT WAS NOT, RETURN TO THE SECTION WHERE IT SHOULD HAVE BEEN COMPLETED.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

SECTION F. MAMMOGRAPHY AND BREAST SURGERY

The next questions are about breast exams and surgeries. A breast physical exam is when the breast is felt for lumps by a doctor or other health professional.

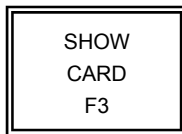
F1. As of _____ (REF DATE), did you ever have a breast physical exam?

YES 1
 NO 2 (F4)
 DK 9 (F4)

F2. How old were you when you first had such an exam?

 AGE

F3. When was the last time you had a breast physical exam as of _____ (RF-1)?



WITHIN 1 YEAR BEFORE GIVEN DATE (1-11 MO)..... 1
 BETWEEN 1 - 2 YRS BEFORE GIVEN DATE (12-23 MO)..... 2
 BETWEEN 2 - 3 YRS BEFORE GIVEN DATE (24-35 MO)..... 3
 BETWEEN 3 - 5 YRS BEFORE GIVEN DATE (36-59 MO)..... 4
 5 OR MORE YRS BEFORE GIVEN DATE (60+ MO)..... 5
 DK 9

F4. As of _____ (REF DATE), did you **ever** have a mammogram? (A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.)

YES..... 1
 NO 2 (F14)
 DK..... 9 (F14)

F5. How old were you when you had your **first** mammogram? What year was that in?

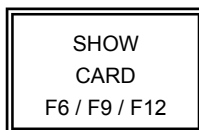
 AGE YEAR

Let's now record your first mammogram on the calendar **MAM1**.

IF R CAN'T IDENTIFY A MONTH OR SEASON, USE THE JUNE RULE FOR MONTH.

CODE **MAM1** IN THE JUNE OF THE YEAR SHE WAS AGE REPORTED IN F5.

F6. What is the **main** reason you had this mammogram? (Please see Show card F6/F9/F12.)



(RECORD ONLY ONE RESPONSE)

PART OF A ROUTINE PHYSICAL EXAM/AS A SCREENING TEST.....01
 BECAUSE OF A SPECIFIC BREAST PROBLEM.....02
 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM03
 FOLLOW-UP TO A SUSPICIOUS PREVIOUS MAMMOGRAM04
 FAMILY HISTORY OF BREAST CANCER05
 OTHER, SPECIFY _____
 DK 99

F7. Before or in _____ (REF DATE), did you have any other mammograms?

YES..... 1
 NO 2 (F13)
 DK..... 9 (F13)

F8. When did you have your most **recent** mammogram? (INCLUDE REF DATE MAMMO)

____ / ____
MO YEAR

Let's record this mammogram on the calendar now. PUT **MAM** ON CAL.

F9a. What was the **main** reason you had this mammogram? (Please see Show card F6/F9/F12.)

(RECORD ONLY ONE RESPONSE)

PART OF A ROUTINE PHYSICAL EXAM/AS A SCREENING TEST 01
BECAUSE OF A SPECIFIC BREAST PROBLEM 02
FOLLOW-UP TO A PREVIOUS BREAST PROBLEM 03
FOLLOW-UP TO A SUSPICIOUS PREVIOUS MAMMOGRAM..... 04
FAMILY HISTORY OF BREAST CANCER 05
OTHER, SPECIFY
DK 99

CHECK F8. IF DATE IS **MORE THAN 5 YEARS BEFORE THE REFERENCE DATE**, GO TO F13.

F9b. Did you have any other mammograms between _____(RF-5) and your most recent mammogram?

YES 1 (F10)
NO 2 (F13)
DK 2 (F13)

Now, I'd like to record the other mammograms you had between _____(RF-5) and your most recent mammogram.

ASK F10-F12 FOR ONE MAMMOGRAM BEFORE ASKING ABOUT THE NEXT MAMMOGRAM.

	F10. Looking at the calendar, in what year did you have your next most recent mammogram?	F11. Let's now record this on the calendar. CODE IN JUNE OF F10 YEAR IF EXACT MO NOT KNOWN (JUNE RULE)	F12. What was the main reason you had this mammogram? RECORD ONLY ONE RESPONSE <div style="border: 1px solid black; padding: 5px; text-align: center;">SHOW CARD F6 / F9 / F12</div>
2 ND TO LAST MAM	_____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY DK 9
3 RD TO LAST MAM	_____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY DK 9
4 RD TO LAST MAM	_____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY DK 9

	F10. Looking at the calendar, in what year did you have your next most recent mammogram?	F11. Let's now record this on the calendar. CODE IN JUNE OF F10 YEAR IF EXACT MO NOT KNOWN. (JUNE RULE)	F12. What was the main reason you had this mammogram? RECORD ONLY ONE RESPONSE <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> SHOW CARD F6 / F9 / F12 </div>
5 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9
6 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9
7 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9
8 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9
9 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9
10 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9
11 TH TO LAST MAM	____-____-____ YEAR CHECK THAT YEAR IS WITHIN 5 YEARS BEFORE REF DATE.	PUT MAM ON CAL	PART OF A ROUTINE PHYS EXAM/SCREENING TEST..... 1 BECAUSE OF A SPECIFIC BREAST PROBLEM 2 FOLLOW-UP TO A PREVIOUS BREAST PROBLEM..... 3 FOLLOW-UP TO A SUSPICIOUS PREV MAMMOGRAM..... 4 FAMILY HISTORY OF BREAST CANCER..... 5 OTHER, SPECIFY _____ 9 DK 9

F13. Throughout your life, how many total mammograms have you had as of (REF DATE)?

MAMMOGRAMS

F14. Before (REF DATE), did you ever have any type of breast surgery or procedure for any reason?

SHOW CARD F14 / F15 / F16

YES 1
NO 2 (SECTION G FOR CONTROLS/F22 FOR CASES)
DK 9 (SECTION G FOR CONTROLS/F22 FOR CASES)

F15. Which of the following types of procedures did you have before _____ (REF DATE)? (READ EACH & CIRCLE ALL THAT APPLY)	F16. How many times have you had (PROCEDURE IN F15)?	F17. On which breast was this procedure performed?	F18. How old were you the last time you had this done?
TOTAL REMOVAL OF BREAST..... [01]	_____	R L BOTH DK	__ __
CYST REMOVAL [02]	_____	R L BOTH DK	__ __
BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST [03]	_____	R L BOTH DK	__ __
ASPIRATION OR NEEDLE BIOPSY [04]	_____	R L BOTH DK	__ __
IMPLANT SURGERY (TISSUE) [05]	_____	R L BOTH DK	__ __
IMPLANT SURGERY (SILICONE)..... [06]	_____	R L BOTH DK	__ __
IMPLANT (TYPE – UNKNOWN)..... [08]	_____	R L BOTH DK	__ __
REDUCTION SURGERY [09]	_____	R L BOTH DK	__ __
OTHER, SPECIFY: _____ [_ _]	_____	R L BOTH DK	__ __
DK [99]	_____	R L BOTH DK	__ __

F19. To review, how many times did you have breast surgery for any reason?

BREAST SURGERIES

F20. Was cancer ever found during any of these procedures?

YES 1
NO 2 (SECTION G for controls/F22 for cases)

F21. What month and year was that, and was it found in the right, left, or both breasts?

a.	<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> MO YEAR	R	L	BOTH
b.	<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> MO YEAR	R	L	BOTH
c.	<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> MO YEAR	R	L	BOTH

F22-44 FOR CASES ONLY. CONTROLS SKIP TO SECTION G.

Now I would like to ask you a few questions about the kinds of breast cancer treatments you have received or are currently receiving up to the present day.

F22. How was your breast cancer first discovered?

- Suspicious breast self-exam..... 01
 Partner discovered it..... 02
 Screening at a routine physical exam..... 03
 Suspicious screening mammogram 04
 During a breast surgery 05
 Other, Specify _____
 DK 99

F23. What types of surgery were performed as part of the diagnosis and/or treatment of your breast cancer?

(READ EACH and CIRCLE ALL THAT APPLY)

	1 st Date	2 nd Date
Needle or core biopsies only [1]	___ / ___	___ / ___
Other biopsies/Lumpectomies/Partial breast removal only (breast tissue remains) [2]	___ / ___	___ / ___
Mastectomy of one breast [3]	___ / ___	___ / ___
Mastectomy of both breasts [4]	___ / ___	___ / ___
Lymph Node Removal [5]	___ / ___	___ / ___
Other, Specify _____ []	___ / ___	___ / ___
Unknown..... [9]	___ / ___	___ / ___

SHOW
CARD
F23

F24. Have you received radiation therapy for your breast cancer?

- YES 1
 NO 2 (F26)

F25. When did your radiation treatment begin and where did you receive it?

___ / ___ (SKIP TO F28)
 MO YEAR HOSPITAL/CLINIC NAME

F26. Is radiation treatment planned as part of your treatment in the future?

- YES 1
 NO 2 (F28)
 DK 9 (F28)

F27. Do you know about when this might start and where you would receive radiation treatment?

___ / ___
 MO YEAR HOSPITAL/ CLINIC NAME

F28. Have you received chemotherapy for your breast cancer?

- YES 1
 NO 2 (F30)

F29. When and where did you first receive chemotherapy?

___ / ___ (SKIP TO F32)

MO YEAR DOCTOR'S NAME HOSPITAL/CLINIC NAME

F30. Is chemotherapy planned as part of your treatment in the future?

YES 1

NO 2 (F32)

DK 9 (F32)

F31. Do you know when and where you will receive chemotherapy?

____ / ____
MO YEAR HOSPITAL/CLINIC NAME

F32. Hormonal or anti-estrogen therapy, such as Tamoxifen, Evista, Arimidex, or Femara, is sometimes used for treatment of breast cancer or to prevent recurrences. Have you taken any type of hormonal treatment related to your breast cancer since your diagnosis?

SHOW
CARD
F32 / F33 / F39

YES 1

NO 2 (F37)

DK 9 (F37)

F33. What anti-estrogen(s) have you used since your breast cancer diagnosis? (CIRCLE ALL THAT APPLY)

SHOW
CARD
F32 / F33 / F39

Tamoxifen or Nolvadex (Tamone, Tamox, Tenotax).....[01]

Raloxifene or Evista.....[02]

Anastrozole or Arimidex[03]

Megestrol Acetate or Megace.....[04]

Gosereline or Zoladex[05]

Leuprolide or Lupron[06]

Aminoglutethimide or Cytadren[07]

Toremifene or Fareston[08]

Letrozole or Femara[09]

Diethylstilbestrol or DES.....[10]

Faslodex or Fulvestrant.....[11]

Aromasin or Exemestane[12]

Other, Specify: _____[]

Don't know[99]

F34. When did you first use hormonal therapy or anti-estrogens?

____ / ____
MO YEAR

F35. Did you stop using hormonal therapy for 2 weeks or more? If so, when?

YES..... 1 ____ / ____ (F37)
MO / YEAR

NO 2

F36. How long do you plan to use it?

____ OR ____
MONTHS YEARS

F37. (Is hormone therapy planned/Do you plan to use other anti-estrogens) as part of your treatment in the future?

YES..... 1

NO 2 (F40)

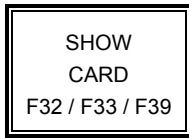
DK..... 9 (F40)

F38. Do you know when you will start taking (this other) hormonal therapy, and who will prescribe it to you?

____ / ____

F39. Do you know what anti-estrogen(s) you plan to use?

(CIRCLE ALL THAT APPLY)



Tamoxifen or Nolvadex (Tamone, Tamox, Tenotax).....[01]
 Raloxifene or Evista.....[02]
 Anastrozole or Arimidex.....[03]
 Megestrol Acetate or Megace.....[04]
 Gosereline or Zoladex.....[05]
 Leuprolide or Lupron.....[06]
 Aminoglutethimide or Cytadren.....[07]
 Toremifene or Fareston.....[08]
 Letrozole or Femara.....[09]
 Diethylstilbestrol or DES.....[10]
 Faslodex or Fulvestrant.....[11]
 Aromasin or Exemestane.....[12]
 Other, Specify: _____[]
 Don't know.....[99]

F40. Have you used any type of ***hormone replacement therapy*** such as estrogen or progesterone since the time of your initial diagnosis?

YES.....1
 NO.....2
 DK.....9

F41. Have you received Herceptin, Trastuzumab, Tykerb, Avastin or another immune therapy for your breast cancer?

YES.....1
 NO.....2 (F43)
 DK.....9 (F43)

F42. When did you first start taking this immune therapy, and who prescribed it to you?

____ / ____
 MO YEAR
 _____ (SKIP TO SECT G)
 PHYSICIAN FIRST & LAST NAME

F43. Is Herceptin, Trastuzumab, Tykerb, Avastin or another immune therapy planned as part of your treatment in the future?

YES.....1
 NO.....2 (SECTION G)
 DK.....9 (SECTION G)

F44. Do you know when you will start taking Herceptin or Trastuzumab, and who will prescribe it to you?

____ / ____
 MO YEAR

 PHYSICIAN FIRST & LAST NAME

SECTION G. LIFESTYLE

Now I would like to ask you a few questions about your height and some of your activities.

- G1.** What is the tallest you have ever been without shoes?

___ / ___ FT./ INCHES

- G2.** How old were you when you first reached this height?
(**PROBE:** Age/grade when dress size stopped changing?)

___ AGE

- PRESENT CALENDAR** and CHECK FOR **PRG** OR **NUR** FOR THE NEXT TWO QUESTIONS
G3. How much did you weigh when you were 18 years old (not counting times you were pregnant or nursing)?

___ POUNDS

- G4.** How much did you weigh when you were 30 years old (not counting when you were pregnant or nursing)?

___ POUNDS

- G5.** How much did you weigh when you were 54 years old?

___ POUNDS

- G6.** How old were you when you first weighed about (AMOUNT IN G5) pounds?

___ AGE

ASK G7a ONLY IF R EVER USED HRT FOR 3 MONTHS OR MORE. IF NO HORMONES FOR 3 MONTHS OR MORE CIRCLE **6** AND GO TO G8.

- G7a.** During the **first year** that you used female hormones, did you gain weight, lose weight or stay about the same?

DID NOT TAKE HRT FOR 3+ MONTHS 6 (G8)
STAYED THE SAME 0 (G8)
GAINED 1 (G7b)
LOST 2 (G7b)
DK 9 (G8)

- G7b.** (ASK ONLY IF G7a = 1 OR 2) How much weight did you (gain/lose)?

___ POUNDS

- G8.** Before _____ (REF DATE) not counting times you were pregnant or nursing, what is the **most** you have ever weighed?

___ POUNDS

At what age did you first weigh this much? ___ AGE

- G9.** In _____ (RF-1 MONTH) what was your approximate weight? This is one month before your reference date.

___ POUNDS

- G10.** Now I'm going to ask you some questions about your daily activity. Between _____ (RF-20) and _____ (REF DATE) did you have any conditions that limited your ability to get around each day?

YES 1
NO 2
DON'T KNOW 9

EXERCISE HISTORY

G11. Between _____ (RF-20) and _____ (REF DATE), did you do any physical activities, exercise, or sports on a regular basis? We are defining regular as exercise done at least **one hour a week for four months** or more in **one year**. Also, this is exercise you do during leisure time and does not include activities you do at your job.

YES..... 1
 NO 2 (G13)
 DK..... 9 (G13)



G12. PHYSICAL ACTIVITY IN LAST 20 YEARS

a. Starting when you were ____ (RF-20) what was the first/next physical activity that you did on a regular basis before ____ (REF DATE)? PRESENT CALENDAR	b. How old were you when you started (ACTIVITY) regularly? IF R STARTED > 20 YRS BEFORE REF DATE, CODE AGE WHEN R STARTED	c. How old were you when you stopped (ACTIVITY)? IF R IS STILL DOING ACTIVITY CODE REF AGE	d. 1) For how many years total did you (ACTIVITY) regularly? AND 2) For how many months each year did you do this?	e. On average, how many times per week did you (ACTIVITY)?	f. What was the average amount of time that you actually spent (per session of ACTIVITY) between (AGE STARTED) and (AGE STOPPED)?
1. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
2. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
3. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
4. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
5. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
6. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
7. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session
8. _____ ____ _ (CODE)	AGE ____	AGE ____ STOPPED	1) ____ YRS 2) ____ MO	____ PER WEEK	____ : ____ HRS : MIN Per Session

G12g. PROBE: Did you do any other activities regularly?

PRESENT CALENDAR

Now I would like to ask you some questions about where you have lived. We are interested in the **general** area you lived in, so if you changed addresses within the same city, it does not count as a move.

	G13.	G14.	G15.	G16.
	Where were you born?/How old were you when this move occurred?	Please tell me the name of the (new) city and state you lived in. RECORD IN G14-15. PUT CITY ON CALENDAR	State/Country? ASK RESPONDENT TO SPELL CITY.	After age (AGE IN G13), did you move to another city or state or spend more than 1 year living elsewhere?
1.	<u>00</u> AGE	<u> </u> CITY	<u> </u> STATE/COUNTRY <u> </u> <u> </u> CODE	Yes.....1 (G13) No.....2 (G17)
2.	<u> </u> <u> </u> AGE	<u> </u> CITY	<u> </u> STATE/COUNTRY <u> </u> <u> </u> CODE	Yes.....1 (G13) No.....2 (G17)
3.	<u> </u> <u> </u> AGE	<u> </u> CITY	<u> </u> STATE/COUNTRY <u> </u> <u> </u> CODE	Yes.....1 (G13) No2 (G17)
4.	<u> </u> <u> </u> AGE	<u> </u> CITY	<u> </u> STATE/COUNTRY <u> </u> <u> </u> CODE	Yes1 (G13) No.....2 (G17)
5.	<u> </u> <u> </u> AGE	<u> </u> CITY	<u> </u> STATE/COUNTRY <u> </u> <u> </u> CODE	Yes1 (G13) No.....2 (G17)
6.	<u> </u> <u> </u> AGE	<u> </u> CITY	<u> </u> STATE/COUNTRY <u> </u> <u> </u> CODE	Yes1 (G13) No.....2 (G17)

CONTINUATION PAGE? ☐ YES ☐ NO

Before moving to the next section, I have one last question.

G17. If you eat red meat or did so in the past, how have you typically liked your steaks prepared:

DON'T EAT STEAKS	0
RARE	1
MEDIUM RARE	2
MEDIUM	3
MEDIUM WELL	4
WELL DONE	5

SECTION H. ALCOHOL

Now, I have some questions about your consumption of alcoholic beverages.

H1. Before _____ (REF DATE), have you had more than 12 drinks of alcoholic beverages such as beer, wine, or liquor over your entire life?

YES 1

NO 2 (SECTION I)

DK 9 (SECTION I)

H2. Before _____ (REF DATE), did you **ever** drink alcoholic beverages such as beer, wine, or liquor at least once a month for 6 months or more?

YES 1

NO 2 (SECTION I)

DK 9 (SECTION I)

People's drinking habits often change quite a bit at different times in their lives. I now have some questions about your usual drinking patterns and how your patterns may have changed throughout your life. I am going to ask about beer, red and white wine and liquor use separately at various ages. Looking at the calendar may help you remember times in your life when your drinking habits have changed.

ASK H3-H7 FOR ONE AGE BEFORE ASKING ABOUT THE NEXT.

PROBE WITH CALENDAR FOR CHANGES WITH PREGNANCIES, COLLEGE, ETC.

	H3. ONLY ASK FOR 1ST TIME PERIOD. Looking at the calendar, how old were you when you first drank alcoholic beverages at least once a month for six months or more?	H4. When you were (AGE IN H3), how many 12 oz cans, bottles, or glasses of beer did you usually drink each week, month, or year/How many 12 oz beers did you usually have?	H5a. At this age, how many 4 oz. glasses of red wine did you usually drink (each week, month, or year)?
1 ST	<div> <div>— —</div> <div>AGE STARTED</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
2 ND	<div> <div>— —</div> <div>ENTER AGE FROM 1ST PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
3 RD	<div> <div>— —</div> <div>ENTER AGE FROM 2ND PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
4 TH	<div> <div>— —</div> <div>ENTER AGE FROM 3RD PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
5 TH	<div> <div>— —</div> <div>ENTER AGE FROM 4TH PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
6 TH	<div> <div>— —</div> <div>ENTER AGE FROM 5TH PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
7 TH	<div> <div>— —</div> <div>ENTER AGE FROM 6TH PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
8 TH	<div> <div>— —</div> <div>ENTER AGE FROM 7TH PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>
9 TH	<div> <div>— —</div> <div>ENTER AGE FROM 8TH PERIOD H7</div> </div>	<div> <div>12 OZ. BEER</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR 4</div> </div>	<div> <div>4 OZ. RED WINE</div> <div>PER WEEK..... 2</div> <div>PER MONTH 3</div> <div>PER YEAR..... 4</div> </div>

	H5b. When you were (AGE IN H3), how many 4 oz glasses of other types of wine did you usually drink (each week, month, or year) including white wine, rose, sherry, and dessert wines?	H6. At this age, how many drinks containing 1½ oz. shots of liquor did you usually drink (each week, month, or year)?	H7. Looking at the calendar, how old were you when these drinking habits changed from what you just told me?
1 ST	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
2 ND	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
3 RD	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
4 TH	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
5 TH	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
6 TH	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
7 TH	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
8 TH	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)
9 TH	4 OZ. <u> </u> <u> </u> WHITE WINE PER WEEK.....2 PER MONTH3 PER YEAR4	1½ OZ. <u> </u> <u> </u> SHOTS PER WEEK 2 PER MONTH..... 3 PER YEAR 4	AGE <u> </u> <u> </u> CHANGED NEVER CHANGED 00 (SECTION I)

SECTION I. SMOKING HISTORY

Now I have some questions about smoking.

- I1. Before _____ (REF DATE), did you ever smoke a total of 100 cigarettes or more in your lifetime?

YES..... 1
NO 2 (SECTION J)
DK..... 9 (SECTION J)

- I2. How old were you when you first started smoking cigarettes?

AGE FIRST STARTED

- I3. Were you smoking cigarettes in (REF DATE)?

YES..... 1 (I5)
NO 2

- I4. At what age did you last smoke cigarettes?

AGE LAST STOPPED

- I5. Thinking about the years between age (AGE FROM I2) and age (AGE LAST SMOKED — EITHER REF AGE IF STILL SMOKING OR AGE IN I4), was there ever a period of one year or more in which you did **not** smoke cigarettes?

YES..... 1
NO 2 (I7)
DK..... 9 (I7)

- I6. To review, for how many years between ages (AGE FROM I2) and (AGE LAST SMOKED — EITHER REF AGE IF STILL SMOKING OR AGE IN I4), did you **not** smoke cigarettes?

OF YEARS

- I7. When you were smoking prior to _____ (REF DATE), how many cigarettes or packs did you **usually** smoke per day, week, month or year? Typically, one package contains 20 cigarettes.

CIGARETTES..... 1
PACKS 2

PER DAY 1
PER WEEK..... 2
PER MONTH..... 3
PER YEAR 4

SECTION J. FAMILY HISTORY

Now I have some questions about your family health history. We are interested in relatives who are living or deceased and who are related to you by blood. This does not include adopted, step or in-law relatives.

J1. Are you adopted?

YES..... 1
NO 2 (J3)

J2. Do you have any information about the medical history of any of your blood relatives?

YES..... 1
NO 2 (J35)

CANCER HISTORY IN MOTHER AND GRANDMOTHERS

ASK J3 -J9 FOR ONE RELATIVE BEFORE ASKING ABOUT THE NEXT.

J3. We will begin with your mother and grandmothers.	J4. Was your (RELATIVE) still living in (REF DATE)?	J5. IF J4 = YES: How old was she in\ (REF DATE)? IF J4 = NO: How old was she when she died? IF J4 = DK: How old would she have been in (REF DATE) if she was still alive?	J6. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
a. MOTHER	YES 1 NO 2 DK 9	_____ AGE	YES 1 (J7) NO 2 (J3b) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (J3b) DK 9 (J3b)
b. MOTHER'S MOTHER	YES 1 NO 2 DK 9	_____ AGE	YES 1 (J7) NO 2 (J3c) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (J3c) DK 9 (J3c)
c. FATHER'S MOTHER	YES 1 NO 2 DK 9	_____ AGE	YES 1 (J7) NO 2 (J11a) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (J11a) DK 9 (J11a)

CANCER HISTORY IN MOTHER AND GRANDMOTHERS

J7. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J8. About how old was she when this cancer was first diagnosed?	J9. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J3b) _____ (J3b) _____ (J3b) _____ (J3b) _____ (J3b) _____ (J3b) _____ (J3b) _____ (J3b) _____ (J3b)	ONE.....1 BOTH.....2 DK.....9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J3c) _____ (J3c) _____ (J3c) _____ (J3c) _____ (J3c) _____ (J3c) _____ (J3c) _____ (J3c) _____ (J3c)	ONE.....1 BOTH.....2 DK.....9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J10) _____ (J10) _____ (J10) _____ (J10) _____ (J10) _____ (J10) _____ (J10) _____ (J10) _____ (J10)	ONE.....1 BOTH.....2 DK.....9

CANCER HISTORY IN SISTERS

J10. Next, I will be asking similar questions about your sisters. We are interested in knowing about full sisters as well as half sisters. How many sisters, both full and half, do **you** have? Please include both living and deceased sisters.

FULL SISTERS

#MATERNAL HALF SISTERS

#PATERNAL HALF SISTERS

IF ALL = 00, GO TO J19. ASK J11-J18 FOR ONE SISTER BEFORE ASKING ABOUT THE NEXT.

J11. Please tell me about your (oldest/next) sister.	J12. Is this sister a full or half sister? ASK IF R HAS BOTH FULL & HALF SISTERS.	J13. Was she still living in (REF DATE)?	J14. IF J13 = YES: How old was she in (REF DATE)? IF J13 = NO: How old was she when she died? IF J13 = DK: How old would she have been in (REF DATE) if she was still alive?	J15. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
a. SISTER 1	FULL..... 1 MATERNAL HALF2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK..... 9	— — — AGE	YES1 NO2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 (*) DK.....9 (*) * IF NO/DK, GO TO NEXT SIS OR J19.
b. SISTER 2	FULL..... 1 MATERNAL HALF2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK..... 9	— — — AGE	YES1 NO2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 (*) DK.....9 (*) * IF NO/DK, GO TO NEXT SIS OR J19.
c. SISTER 3	FULL..... 1 MATERNAL HALF2 PATERNAL HALF 3 DK 9	YES 1 NO 2 DK..... 9	— — — AGE	YES1 NO2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 (*) DK.....9 (*) * IF NO/DK, GO TO NEXT SIS OR J19.

CANCER HISTORY IN SISTERS

J16. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J17. About how old was she when this cancer was first diagnosed?	J18. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> _____ ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19) ____ (J11b or J19)	ONE 1 BOTH..... 2 DK..... 9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> _____ ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19) ____ (J11c or J19)	ONE 1 BOTH..... 2 DK..... 9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> _____ ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19) ____ (J11d or J19)	ONE 1 BOTH..... 2 DK..... 9

CANCER HISTORY IN SISTERS CONTINUED

ASK J11-J18 FOR ONE SISTER BEFORE ASKING ABOUT THE NEXT.

J11. Please tell me about your (oldest/next) sister.	J12. Is this sister a full or half sister?	J13. Was she still living in (REF DATE)?	J14. IF J13 = YES: How old was she in (REF DATE)? IF J13 = NO How old was she when she died? IF J13 = DK How old would she have been in (REF DATE) if she was still alive?	J15. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
d. SISTER 4	FULL..... 1 MATERNAL HALF2 PATERNAL HALF 3 DK 9	YES... 1 NO..... 2 DK..... 9	_____ AGE	YES..... 1 NO.....2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA.....3 (*) DK.....9 (*) * IF NO/DK, GO TO NEXT SIS OR J19.
e. SISTER 5	FULL..... 1 MATERNAL HALF2 PATERNAL HALF 3 DK 9	YES... 1 NO..... 2 DK..... 9	_____ AGE	YES..... 1 NO.....2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA.....3 (*) DK.....9 (*) * IF NO/DK, GO TO NEXT SIS OR J19.
f. SISTER 6	FULL..... 1 MATERNAL HALF2 PATERNAL HALF 3 DK 9	YES... 1 NO..... 2 DK..... 9	_____ AGE	YES..... 1 NO.....2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA.....3 (*) DK.....9 (*) * IF NO/DK, GO TO NEXT SIS OR J19.

CANCER HISTORY IN SISTERS CONTINUED

<p>J16. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)</p>	<p>J17. About how old was she when this cancer was first diagnosed?</p>	<p>J18. Before (REF DATE), did she have cancer in one or both breasts?</p>
<p>BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]</p>	<p>_____ → _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19) _____ (J11e or J19)</p>	<p>ONE 1 BOTH..... 2 DK..... 9</p>
<p>BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]</p>	<p>_____ → _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19) _____ (J11f or J19)</p>	<p>ONE 1 BOTH..... 2 DK..... 9</p>
<p>BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]</p>	<p>_____ → _____ (J19) _____ (J19) _____ (J19) _____ (J19) _____ (J19) _____ (J19) _____ (J19) _____ (J19) _____ (J19)</p>	<p>ONE 1 BOTH..... 2 DK..... 9</p>

CONTINUATION PAGE? ☐ YES ☐ NO

CANCER HISTORY IN MOTHER'S SISTERS

J19. We are interested in knowing about your mother's full sisters. How many full sisters does your mother have? Please include all her sisters, both living and deceased.

__ __ # MOTHER'S FULL SISTERS IF 00, GO TO J27.

ASK J20-J27 FOR ONE MOTHER'S SISTER BEFORE ASKING ABOUT THE NEXT.



J20. Please tell me about your mother's (oldest/ next) sister.	J21. Was she still living in (REF DATE)?	J22. IF J21 = YES: How old was she in (REF DATE)? IF J21 = NO: How old was she when she died? IF J22 = DK: How old would she have been in (REF DATE) if she was still alive?	J23. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
a. MOTHER'S SISTER 1	YES..... 1 NO..... 2 DK..... 9	__ __ __ AGE	YES..... 1 NO..... 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA..... 3 (*) DK..... 9 (*) * IF NO/DK, GO TO NEXT MOTHER'S SISTER OR J27.
b. MOTHER'S SISTER 2	YES..... 1 NO..... 2 DK..... 9	__ __ __ AGE	YES..... 1 NO..... 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA..... 3 (*) DK..... 9 (*) * IF NO/DK, GO TO NEXT MOTHER'S SISTER OR J27.
c. MOTHER'S SISTER 3	YES..... 1 NO..... 2 DK..... 9	__ __ __ AGE	YES..... 1 NO..... 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA..... 3 (*) DK..... 9 (*) * IF NO/DK, GO TO NEXT MOTHER'S SISTER OR J27.

CANCER HISTORY IN MOTHER'S SISTERS

J24. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J25. About how old was she when this cancer was first diagnosed?	J26. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27) _____ (J20b or J27)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J20c or J27) _____ (J20c or J27) _____ (J20c or J27) _____ (J20b or J27) _____ (J20c or J27) _____ (J20c or J27) _____ (J20c or J27) _____ (J20c or J27) _____ (J20c or J27)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27) _____ (J20d or J27)	ONE.....1 BOTH2 DK9

CANCER HISTORY IN MOTHER'S SISTERS CONTINUED

ASK J20-J27 FOR ONE MOTHER'S SISTER BEFORE ASKING ABOUT THE NEXT.

<p>J20. Please tell me about your mother's (oldest/ next) sister.</p>	<p>J21. Was she still living in (REF DATE)?</p>	<p>J22. IF J21 = YES: How old was she in (REF DATE)? IF J21 = NO: How old was she when she died? IF J21 = DK: How old would she have been in (REF DATE) if she was still alive?</p>	<p>J23. Did she ever have cancer (before REF DATE)?</p> <p>PROBE DK RESPONSES</p>
<p>d. MOTHER'S SISTER 4</p>	<p>YES..... 1 NO..... 2 DK..... 9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1</p> <p>NO..... 2 (*)</p> <p>DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA..... 3 (*)</p> <p>DK..... 9 (*)</p> <p>* IF NO/DK, GO TO NEXT MOTHER'S SISTER OR J27.</p>
<p>e. MOTHER'S SISTER 5</p>	<p>YES..... 1 NO..... 2 DK..... 9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1</p> <p>NO..... 2 (*)</p> <p>DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA..... 3 (*)</p> <p>DK..... 9 (*)</p> <p>* IF NO/DK, GO TO NEXT MOTHER'S SISTER OR J27.</p>
<p>f. MOTHER'S SISTER 6</p>	<p>YES..... 1 NO..... 2 DK..... 9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1</p> <p>NO..... 2 (*)</p> <p>DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA..... 3 (*)</p> <p>DK..... 9 (*)</p> <p>* IF NO/DK, GO TO NEXT MOTHER'S SISTER OR J27.</p>

CANCER HISTORY IN MOTHER'S SISTERS (CONTINUED)

J24. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J25. About how old was she when this cancer was first diagnosed?	J26. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27) ____ (J20e or J27)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1 (SPECIFY) _____ [] OTHER 2 (SPECIFY) _____ [] OTHER 3 (SPECIFY) _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27) ____ (J20f or J27)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> ____ (J27) ____ (J27) ____ (J27) ____ (J27) ____ (J27) ____ (J27) ____ (J27) ____ (J27) ____ (J27)	ONE.....1 BOTH2 DK9

CONTINUATION PAGE?

☐ YES ☐ NO

CANCER HISTORY IN FATHER'S SISTERS

J27. We are interested in knowing about your father's full sisters. How many full sisters does your father have? Please include all his sisters, both living and deceased.

__ __ # FATHER'S FULL SISTERS IF **00**, GO TO J35.



ASK J28-J34 FOR ONE FATHER'S SISTER BEFORE ASKING ABOUT THE NEXT.

J28. Please tell me about your father's (oldest/ next) sister.	J29. Was she still living in (REF DATE)?	J30. IF J29 = YES: How old was she in (REF DATE)? IF J29 = NO: How old was she when she died? IF J29 = DK: How old would she have been in (REF DATE) if she was still alive?	J31. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
a. FATHER'S SISTER 1	YES1 NO2 DK.....9	__ __ AGE	YES1 NO2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 (*) DK9 (*) * IF NO/DK, GO TO NEXT FATHER'S SISTER OR J35.
b. FATHER'S SISTER 2	YES1 NO2 DK.....9	__ __ AGE	YES1 NO2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 (*) DK9 (*) * IF NO/DK, GO TO NEXT FATHER'S SISTER OR J35.
c. FATHER'S SISTER 3	YES1 NO2 DK.....9	__ __ AGE	YES1 NO2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA3 (*) DK9 (*) * IF NO/DK, GO TO NEXT FATHER'S SISTER OR J35.

CANCER HISTORY IN FATHER'S SISTERS

J32. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J33. About how old was she when this cancer was first diagnosed?	J34. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35) _____ (J28b or J35)	ONE.....1 BOTH.....2 DK.....9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35) _____ (J28c or J35)	ONE.....1 BOTH.....2 DK.....9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	_____ → _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35) _____ (J28d or J35)	ONE.....1 BOTH.....2 DK.....9

CANCER HISTORY IN FATHER'S SISTERS CONTINUED

ASK J28-J34 FOR ONE FATHER'S SISTER BEFORE ASKING ABOUT THE NEXT.

J28. Please tell me about your father's (oldest/next) sister.	J29. Was she still living in (REF DATE)?	J30. IF J29 = YES: How old was she in (REF DATE)? IF J29 = NO How old was she when she died? IF J29 = DK How old would she have been in (REF DATE) if she was still alive?	J31. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
d. FATHER'S SISTER 4	YES 1 NO 2 DK 9	_____ AGE	YES 1 NO 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (*) DK 9 (*) * IF NO/DK, GO TO NEXT FATHER'S SISTER OR J35.
e. FATHER'S SISTER 5	YES 1 NO 2 DK 9	_____ AGE	YES 1 NO 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (*) DK 9 (*) * IF NO/DK, GO TO NEXT FATHER'S SISTER OR J35.
f. FATHER'S SISTER 6	YES 1 NO 2 DK 9	_____ AGE	YES 1 NO 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (*) DK 9 (*) * IF NO/DK, GO TO NEXT FATHER'S SISTER OR J35.

CANCER HISTORY IN FATHER'S SISTERS CONTINUED

<p align="center">J32.</p> <p align="center">What type(s) of cancer did she have?</p> <p align="center">(CIRCLE ALL THAT APPLY)</p>	<p align="center">J33.</p> <p align="center">About how old was she when this cancer was first diagnosed?</p>	<p align="center">J34.</p> <p align="center">Before (REF DATE), did she have cancer in one or both breasts?</p>
<p>BREAST [01]</p> <p>OVARY [02]</p> <p>CERVICAL..... [03]</p> <p>UTERINE/ENDOMETRIAL..... [04]</p> <p>COLON..... [05]</p> <p>LUNG..... [06]</p> <p>OTHER 1: SPECIFY _____ []</p> <p>OTHER 2: SPECIFY _____ []</p> <p>OTHER 3: SPECIFY _____ []</p> <p>DK TYPE, BUT NOT BREAST [90]</p> <p>DK..... [99]</p>	<p align="center">_____ →</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p> <p align="center">_____ (J28e or J35)</p>	<p>ONE.....1</p> <p>BOTH2</p> <p>DK9</p>
<p>BREAST [01]</p> <p>OVARY [02]</p> <p>CERVICAL..... [03]</p> <p>UTERINE/ENDOMETRIAL..... [04]</p> <p>COLON..... [05]</p> <p>LUNG..... [06]</p> <p>OTHER 1: SPECIFY _____ []</p> <p>OTHER 2: SPECIFY _____ []</p> <p>OTHER 3: SPECIFY _____ []</p> <p>DK TYPE, BUT NOT BREAST [90]</p> <p>DK..... [99]</p>	<p align="center">_____ →</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p> <p align="center">_____ (J28f or J35)</p>	<p>ONE.....1</p> <p>BOTH2</p> <p>DK9</p>
<p>BREAST [01]</p> <p>OVARY [02]</p> <p>CERVICAL..... [03]</p> <p>UTERINE/ENDOMETRIAL..... [04]</p> <p>COLON..... [05]</p> <p>LUNG..... [06]</p> <p>OTHER 1: SPECIFY _____ []</p> <p>OTHER 2: SPECIFY _____ []</p> <p>OTHER 3: SPECIFY _____ []</p> <p>DK TYPE, BUT NOT BREAST [90]</p> <p>DK..... [99]</p>	<p align="center">_____ →</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p> <p align="center">_____ (J35)</p>	<p>ONE.....1</p> <p>BOTH2</p> <p>DK9</p>

CONTINUATION PAGE?

☐ YES ☐ NO

CANCER HISTORY IN DAUGHTERS

IF RESPONDENT HAS NOT HAD A LIVE BIRTH (SEE B3, PAGE 5), CODE **00** AND GO TO J43.

J35. We would like information about blood relatives only; therefore, please do **not** include any adopted, step, or foster daughters. How many daughters, living or deceased, do you have?

___ # DAUGHTERS IF **00**, GO TO J43b.

ASK J36 -J42 FOR ONE DAUGHTER BEFORE ASKING ABOUT THE NEXT.

J36. Please tell me about your (oldest/ next) daughter.	J37. Was this daughter still living in (REF DATE)?	J38. IF J37=YES: How old was she in (REF DATE)? IF J37=NO: How old was she when she died? IF J37=DK: How old would she have been in (REF DATE) if she was still alive?	J39. Did she ever have cancer (before REF DATE)? PROBE DK RESPONSES
a. DAUGHTER 1	YES..... 1 NO..... 2 DK..... 9	___ AGE	YES..... 1 NO..... 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA.... 3 (*) DK..... 9 (*) * IF NO/DK, GO TO NEXT DAUGHTER OR J43
b. DAUGHTER 2	YES..... 1 NO..... 2 DK..... 9	___ AGE	YES..... 1 NO..... 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA.... 3 (*) DK..... 9 (*) * IF NO/DK, GO TO NEXT DAUGHTER OR J43
c. DAUGHTER 3	YES..... 1 NO..... 2 DK..... 9	___ AGE	YES..... 1 NO..... 2 (*) DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA.... 3 (*) DK..... 9 (*) * IF NO/DK, GO TO NEXT DAUGHTER OR J43

CANCER HISTORY IN DAUGHTERS

J40. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J41. About how old was she when this cancer was first diagnosed?	J42. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: center;"> </div> ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43) ____ (J36b or J43)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: center;"> </div> ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43) ____ (J36c or J43)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: center;"> </div> ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43) ____ (J36d or J43)	ONE.....1 BOTH2 DK9

CANCER HISTORY IN DAUGHTERS CONTINUED

ASK J36 -J42 FOR ONE DAUGHTER BEFORE ASKING ABOUT THE NEXT.

<p align="center">J36.</p> <p>Please tell me about your (oldest/ next) daughter.</p>	<p align="center">J37.</p> <p>Was this daughter still living in (REF DATE)?</p>	<p align="center">J38.</p> <p>IF J37 = YES: How old was she in (REF DATE)? IF J37 = NO: How old was she when she died? IF J37 = DK: How old would she have been in (REF DATE) if she was still alive?</p>	<p align="center">J39.</p> <p>Did she ever have cancer (before REF DATE)?</p> <p align="center">PROBE DK RESPONSES</p>
<p>d. DAUGHTER 4</p>	<p>YES..... 1 NO..... 2 DK..... 9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1</p> <p>NO 2 (*)</p> <p>DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (*)</p> <p>DK..... 9 (*)</p> <p>* IF NO/DK, GO TO NEXT DAUGHTER OR J43</p>
<p>e. DAUGHTER 5</p>	<p>YES..... 1 NO..... 2 DK..... 9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1</p> <p>NO 2 (*)</p> <p>DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (*)</p> <p>DK..... 9 (*)</p> <p>* IF NO/DK, GO TO NEXT DAUGHTER OR J43</p>
<p>f. DAUGHTER 6</p>	<p>YES..... 1 NO..... 2 DK..... 9</p>	<p align="center">_____ AGE</p>	<p>YES..... 1</p> <p>NO 2 (*)</p> <p>DK IF HAD CANCER, BUT DIDN'T HAVE BREAST CA 3 (*)</p> <p>DK..... 9 (*)</p> <p>* IF NO/DK, GO TO NEXT DAUGHTER OR J43</p>

CANCER HISTORY IN DAUGHTERS CONTINUED

J40. What type(s) of cancer did she have? (CIRCLE ALL THAT APPLY)	J41. About how old was she when this cancer was first diagnosed?	J42. Before (REF DATE), did she have cancer in one or both breasts?
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> _____ ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43) ____ (J36e or J43)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> _____ ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43) ____ (J36f or J43)	ONE.....1 BOTH2 DK9
BREAST [01] OVARY [02] CERVICAL..... [03] UTERINE/ENDOMETRIAL..... [04] COLON..... [05] LUNG..... [06] OTHER 1: SPECIFY _____ [] OTHER 2: SPECIFY _____ [] OTHER 3: SPECIFY _____ [] DK TYPE, BUT NOT BREAST [90] DK..... [99]	<div style="text-align: right;">→</div> _____ ____ (J43) ____ (J43) ____ (J43) ____ (J43) ____ (J43) ____ (J43) ____ (J43) ____ (J43) ____ (J43)	ONE.....1 BOTH2 DK9

CONTINUATION PAGE? ☐ YES ☐ NO

BRIEF SUMMARY OF CANCER IN MALE RELATIVES

Now, I would like to ask you a few questions about cancer in your male relatives. We are interested in relatives who are living or deceased and who are related to you by blood.

J43. Were any of your male relatives, specifically your grandfathers, your father, your uncles, your brothers (or your sons), ever diagnosed with cancer before _____ (REF DATE)?

YES..... 1 (J44)
 NO 2 (J47)
 R IS ADOPTED, NO RELATIVE INFO (SEE J2, pg 60) 3 (J43b)
 R IS ADOPTED, HAS RELATIVE INFO (SEE J2, pg 60) 4 (J44)
 DK 9 (J47)

ASK J43b ONLY IF RESPONDENT IS ADOPTED (J1 = YES) **and** SHE DOES **NOT** HAVE INFORMATION ABOUT BLOOD RELATIVES (J2 = NO).

J43b. Do you have any sons, either living or deceased?

YES..... 1 (J43c)
 NO 2 (J47)

J43c. Were any of your sons ever diagnosed with cancer before (REF DATE)?

YES..... 1 (J44)
 NO 2 (SECTION K)
 DK 9 (SECTION K)

ASK J44-J46 FOR ONE RELATIVE BEFORE ASKING ABOUT THE NEXT.

	J44. Which of your male relatives/sons was (first/next) diagnosed with cancer before _____ (REF DATE)?	J45. What type of cancer (did/does) he have?	J46. How old was he when first diagnosed?
1	_____ - ____	_____	_____
2	_____ - ____	_____	_____
3	_____ - ____	_____	_____
4	_____ - ____	_____	_____
5	_____ - ____	_____	_____

J44 MALE RELATIVE CODES

51 Father
 52 Maternal grandfather
 53 Paternal grandfather
 54 Full brother
 55 Half brother (maternal side)
 56 Half brother (paternal side)
 57 Half brother (unknown side)
 58 Full uncle (maternal side)
 62 Full uncle (paternal side)
 66 Son

IF J43 = 3, ADOPTED & NO RELATIVE INFO, SKIP J47-J48 AND GO TO SECTION K.

J47. How many full and half brothers do you have? Please include both living and deceased brothers. NO BROTHERS OF ANY TYPE GO TO SECTION K.

# FULL BROTHERS	# MATERNAL HALF BROTHERS	# PATERNAL HALF BROTHERS
--------------------	-----------------------------	-----------------------------

J48. Did this brother/How many of these brothers reach(ed) age 20 or more?

# FULL BROTHERS	# MATERNAL HALF BROTHERS	# PATERNAL HALF BROTHERS
--------------------	-----------------------------	-----------------------------

CONTINUATION PAGE?

☐ YES ☐ NO

SECTION K. DEMOGRAPHICS

I have just a few more questions. Answering these questions will help us make sure that we have a wide representation of women participating in our study.

K1. Do you consider yourself to be of Hispanic or Latina origin?

YES 1
 NO 2
 DK 9

K2. Which of the categories on this card best describes you? (CIRCLE ALL THAT APPLY)

SHOW CARD
 K2/ K6/ K10

WHITE [01]
 BLACK OR AFRICAN AMERICAN [02]
 AMERICAN INDIAN [03]
 ALASKAN NATIVE/ESKIMO/ALEUT [04]
 CHINESE [05]
 JAPANESE [06]
 FILIPINO [07]
 KOREAN [08]
 VIETNAMESE [09]
 OTHER ASIAN, SPECIFY [10]
 NATIVE HAWAIIAN [11]
 OTHER PACIFIC ISLANDER, SPECIFY [12]
 OTHER, SPECIFY [97]
 DK [99]

K3. What was the highest grade or year of school that you completed before _____ (REF DATE)?

SHOW CARD
 K3/ K7/ K11

NONE OR PRESCHOOL/KINDERGARTEN ONLY .. 01
 FIRST-FOURTH GRADE 02
 FIFTH-EIGHTH GRADE 03
 NINTH-ELEVENTH GRADE 04
 HIGH SCHOOL GRADUATE OR GED 05
 POST HIGH SCHOOL TRAINING OTHER THAN
 COLLEGE (VOCATIONAL, TECHNICAL, ETC.) 06
 SOME COLLEGE 07
 GRADUATED FROM COLLEGE 08
 POST GRADUATE 09
 DK 99

K4. In what country was your mother born?

(IF ADOPTED: Do you know in what country your mother was born?)

UNITED STATES 1
 OTHER, SPECIFY
 DK 99

K5. Is she Latina or of Hispanic origin?

YES 1
 NO 2
 DK 9

K6. Do you know her race or ethnic heritage?

SHOW CARD
K2/ K6/ K10

WHITE.....[01]
BLACK OR AFRICAN AMERICAN.....[02]
AMERICAN INDIAN.....[03]
ALASKAN NATIVE/ESKIMO/ALEUT.....[04]
CHINESE.....[05]
JAPANESE.....[06]
FILIPINO.....[07]
KOREAN.....[08]
VIETNAMESE.....[09]
OTHER ASIAN, SPECIFY.....[10]
NATIVE HAWAIIAN.....[11]
OTHER PACIFIC ISLANDER, SPECIFY.....[12]
OTHER SPECIFY.....[97]
DK.....[99]

K7. What was the highest grade or year of school that your (adoptive) mother completed?

SHOW CARD
K3/ K7/ K11

NONE OR PRESCHOOL/KINDERGARTEN ONLY ..01
FIRST-FOURTH GRADE.....02
FIFTH-EIGHTH GRADE.....03
NINTH-ELEVENTH GRADE.....04
HIGH SCHOOL GRADUATE OR GED.....05
POST HIGH SCHOOL TRAINING OTHER THAN
COLLEGE (VOCATIONAL, TECHNICAL, ETC.).....06
SOME COLLEGE.....07
GRADUATED FROM COLLEGE.....08
POST GRADUATE.....09
DK.....99

K8. In what country was your father born?
(If adopted, do you now what country your father was born?)

UNITED STATES.....1
OTHER, SPECIFY.....
DK.....9

K9. Is he Latino or of Hispanic origin?

YES.....1
NO.....2
DK.....9

K10. Do you know his race or ethnic heritage?

SHOW CARD
K2/ K6/ K10

WHITE.....[01]
BLACK OR AFRICAN AMERICAN.....[02]
AMERICAN INDIAN.....[03]
ALASKAN NATIVE/ESKIMO/ALEUT.....[04]
CHINESE.....[05]
JAPANESE.....[06]
FILIPINO.....[07]
KOREAN.....[08]
VIETNAMESE.....[09]
OTHER ASIAN, SPECIFY.....[10]
NATIVE HAWAIIAN.....[11]
OTHER PACIFIC ISLANDER, SPECIFY.....[12]
OTHER, SPECIFY.....[97]

DK [99]

K11. What was the highest grade or year of school that your (adoptive) father completed?

SHOW CARD K3/ K7/ K11

NONE OR PRESCHOOL/KINDERGARTEN ONLY .. 01
FIRST-FOURTH GRADE 02
FIFTH-EIGHTH GRADE..... 03
NINTH-ELEVENTH GRADE 04
HIGH SCHOOL GRADUATE OR GED 05
POST HIGH SCHOOL TRAINING OTHER THAN
COLLEGE (VOCATIONAL, TECHNICAL, ETC.) 06
SOME COLLEGE 07
GRADUATED FROM COLLEGE 08
POST GRADUATE 09
DK..... 99

K12. What religion were you raised in (up until the age of 18)?

RELIGION CODE

IF RESPONDENT REPORTS BEING **JEWISH**, PROBE FURTHER TO DETERMINE IF SHE IS AN ASHKENAZIC, SEPHARDIC, OR OTHER SPECIFIC JEWISH TYPE, IF SHE KNOWS.

K13. What is your current religion?

RELIGION CODE

IF RESPONDENT REPORTS BEING **JEWISH**, PROBE FURTHER TO DETERMINE IF SHE IS AN ASHKENAZIC, SEPHARDIC, OR OTHER SPECIFIC JEWISH TYPE, IF SHE KNOWS.

K14. Including income provided by you, (your husband/partner) and any other persons living in your household, which range of figures on this card comes closest to your total household income before taxes for _____ (RF-1)?

SHOW CARD K14

LESS THAN \$5,000 01
5,000 - \$9,999 02
\$10,000 - \$14,999 03
\$15,000 - \$19,999 04
\$20,000 - \$24,999 05
\$25,000 - \$34,999 06
\$35,000 - \$49,999 07
\$50,000 - \$69,999 08
\$70,000 - \$89,999 09
\$90,000 OR MORE 10
REFUSED 98
DK..... 99

K15. How many people, including yourself, were supported by this total household income for _____ (RF-1)?

____ # PEOPLE

K16. From age 18 to _____ (REF DATE), were you ever paid for working either in your home or outside your home?

YES 1
NO 2 (K19)

DK9 (K19)

K17. Before _____ (REF DATE), did you retire permanently from paid employment?

YES 1
NO 2 (K19)
OTHER, SPECIFY _____

K18. At what age did you retire? ____ AGE

K19. Are you right or left handed?

RIGHT 1
LEFT 2
AMBIDEXTROUS..... 3
REFUSED 8

I have one other important question to ask you.

K20. CASES: Do you have any ideas about what may have caused you to develop breast cancer?

1. _____
2. _____
3. _____
4. _____
5. _____

K21. CONTROLS: Do you have any ideas about what causes breast cancer?

1. _____
2. _____
3. _____
4. _____
5. _____

ASK OF ALL:

My supervisor routinely telephones about ten percent of the women I interview. If you are selected, may she call you to check on my work or ask you a few short questions?

YES 1
NO 2

CLOSING STATEMENT: That concludes the interview part of this visit. Thank you very much for answering my questions. Do you have any questions about the interview or is there anything else you would like to tell me which you think might be important for us to know?

TIME ENDED: ____:____

AM..... 1

SECTION L. CONSENTS

PRESENT EACH CONSENT FORM AS YOU READ EACH QUESTION

- L1.** Government regulations require us to obtain authorization from you in order to use the personal health information you have provided in conjunction with this research study. This authorization is for your protection and lists specifically who may have access to your health information. **(HIPAA REQUIRED FOR PHARMACY, TUMOR TISSUE and MEDICAL RECORDS RELEASES. IF RESPONDENT HAS MEDICAL INFORMATION AT VIRGINIA MASON, ALSO OBTAIN SPECIAL *VIRGINIA MASON HIPAA CONSENT.)**
- YES..... 1 (COMPLETE HIPAA AND / OR *VM HIPAA CONSENT)
NO..... 2
PENDING/LATER..... 3
INTERVIEWER CALL BACK FOR INFO. ON ____ / ____ / ____ (DATE)
- L2.** FOR CASES ONLY: An important component of this study is the collection of pathology reports and actual samples of tumor tissue or slides to learn more about breast cancer. May we have the name of the facilities where you had any breast biopsies or surgeries, and can we contact them to obtain copies of your pathology report and an actual sample of your **tumor tissue**?
- YES..... 1 (COMPLETE TUMOR TISSUE CONSENT)
NO..... 2
PENDING/LATER..... 3
INTERVIEWER CALL BACK FOR INFO. ON ____ / ____ / ____ (DATE)
FACILITY NAMES/ADDRESSES UNAVAILABLE 9
- L3.** We would like to review **the pharmacy records** of women participating in this study. May we have the names and addresses of the pharmacies you have used in the past 10 years (before REF DATE)?
- YES..... 1 (COMPLETE PHARMACY CONSENT)
NO..... 2
PENDING/LATER..... 3
INTERVIEWER CALL BACK FOR INFO. ON ____ / ____ / ____ (DATE)
N/A, NO MEDS IN 10 YEARS BEFORE REF DATE 8 (COMPLETE PHARMACY CONSENT)
PHARMACY NAMES/ADDRESSES UNAVAILABLE 9
- L4.** At some future date, we may wish to review **the medical records** from participants in our study. May we have the name(s) of the facility(ies) where you received treatment for heart or vascular (stroke) conditions, and bone density tests in the past 10 years, and health care treatments, mammographies and breast surgeries up to today?
- YES..... 1 (COMPLETE MEDICAL RECORDS RELEASE)
NO..... 2
PENDING/LATER..... 3
INTERVIEWER CALL BACK FOR INFO. ON ____ / ____ / ____ (DATE)
N/A, NO MAMMOGRAMS OR MD/HOSPITAL
CONTACT IN 10 YEARS BEFORE REF DATE..... 8
FACILITY NAMES/ADDRESSES UNAVAILABLE 9
- L5.** At some future date, we may want to contact study participants in order to expand on the information we learned from them. If we need additional information or are expanding this study, may we re-contact you?
- YES..... 1 (COMPLETE FUTURE CONTACT CONSENT)
NO..... 2
PENDING/LATER..... 3

- L6.** In addition to the questions you have already answered, this study is investigating breast disease by examining participants' blood samples. We draw three tubes of blood for this purpose. Are you willing to have this blood sample drawn?

IF SHE IS WILLING, COMPLETE BLOOD DRAW **AFTER** HEIGHT & WEIGHT MEASUREMENT.

YES.....1 (COMPLETE BLOOD SCREENER & CONSENT, M1)
NO2 (L7)
YES, BUT AT A LATER DATE3 (L7, COMPLETE **LATE** BLOOD FORM)
YES, BUT AT MY MD'S OFFICE/LATER.....4 (L7, COMPLETE **LATE** BLOOD FORM)

L7. FOR REFUSED OR LATE/PARTIAL BLOOD DRAWS ONLY:

We respect your decision to not provide us with a blood sample. (Thank you for agreeing to provide us with a blood sample at a later date.) New technology now allows us to obtain genetic information from the cells that are inside your mouth. Obtaining these cells is quite simple and involves swishing some Scope mouthwash for 45 seconds. If you don't like mouthwash we can also use small soft bristled brushes on the inside of your mouth to obtain the cells we need. At this time, would you be willing to provide us with two samples from your mouth (in place of the blood sample)?

IF SHE IS WILLING, OBTAIN ORAL SAMPLE **AFTER** HEIGHT & WEIGHT MEASUREMENT.

YES (ORAL SWISH)1 (COMPLETE ORAL SWISH CONSENT)
YES (ORAL BRUSH).....2 (COMPLETE ORAL BRUSH CONSENT)
NO3
PENDING/LATER.....4

SECTION M. CURRENT HEIGHT AND WEIGHT

I would like to measure your current height and weight without shoes. I have all the equipment for this process. Are you willing to have your height and weight measured?

YES.....1
NO2

M1. CURRENT HEIGHT:

HEIGHT IN CENTIMETERS
REFUSED = 998
UNABLE TO COMPLETE = 999

M2. CURRENT WEIGHT:

_____._____
WEIGHT IN POUNDS
REFUSED = 998
UNABLE TO COMPLETE = 999

_____._____._____ kg WEIGHT IN KILOGRAMS (data entry only)

SECTION N. INTERVIEWER COMMENTS

N1. Interview was conducted at:

RESPONDENT'S HOME..... 01
 RESPONDENT'S OFFICE 02
 FHCRC 03
 HOME OF RESPONDENT'S RELATIVE/FRIEND 04
 NURSING CARE/ASSISTED LIVING FACILITY 05
 RETIREMENT CENTER 06
 OTHER, SPECIFY _____

N2. Interview was conducted:

ALONE..... 01
 WITH OTHER PERSON PRESENT, SPECIFY:

N3. Respondent's cooperation was:

EXCELLENT 1
 GOOD 2
 FAIR..... 3
 POOR 4

N4. The quality of the interview is based on whether the Respondent did the best she could with the questions.

		UNSATIS- FACTORY	QUESTION- ABLE	GENERALLY RELIABLE	HIGH QUALITY
SECTION A:	BACKGROUND INFO	1	2	3	4
SECTION B:	PREGNANCY HISTORY	1	2	3	4
SECTION C:	MENSTRUATION AND MENOPAUSE	1	2	3	4
SECTION D:	HORMONE MED. HISTORY	1	2	3	4
SECTION E:	MEDICAL HISTORY	1	2	3	4
SECTION F:	MAMMOGRAPHY AND BREAST SURGERY	1	2	3	4
SECTION G:	LIFESTYLE	1	2	3	4
SECTION H:	ALCOHOL	1	2	3	4
SECTION I:	SMOKING HISTORY	1	2	3	4
SECTION J:	FAMILY HISTORY	1	2	3	4
SECTION K:	DEMOGRAPHICS	1	2	3	4

N5. The overall quality of this interview is:

UNSATISFACTORY	1
QUESTIONABLE	2
GENERALLY RELIABLE	3
HIGH QUALITY	4

N6. Interviewer comments regarding Respondent

CIRCLE ALL THAT APPLY

NONE	[00]
DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC	[01]
DID NOT WANT TO BE MORE SPECIFIC	[02]
WAS BORED OR UNINTERESTED	[03]
WAS UPSET, DEPRESSED OR ANGRY	[04]
HAD POOR HEARING OR SPEECH	[05]
WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS	[06]
WAS INHIBITED BY OTHERS AROUND HER	[07]
WAS EMBARRASSED BY THE SUBJECT MATTER	[08]
WAS EMOTIONALLY UNSTABLE	[09]
WAS PHYSICALLY ILL	[10]
OTHER, SPECIFY _____	[]
_____	[]
_____	[]

N7. Unusual situation or information (FOR EDITOR USE ONLY).

YES..... 1
NO..... 2

If YES, page no. _____

COMMENTS:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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INTERVIEW MATERIALS CHECKLIST

	<u>Completed</u>	<u>Notes</u>
Questionnaire	[]	
Calendar	[]	
Continuation Books	(#)	
B. How many?	[]	
D. How many?	[]	
E. How many?	[]	
F. How many?	[]	
G. How many?	[]	
H. How many?	[]	
J. How many?	[]	

Consents

Interviewer: Match consent information on pgs 84-85 with the back of IAF.

PREGNANCY LENGTH CONVERSION TABLE

MONTHS	WEEKS	MONTHS	WEEKS	MONTHS	WEEKS	MONTHS	WEEKS
1/4	1	2 3/4	12	5 1/4	23	7 3/4	34
1/2	2	3	13	5 1/2	24	8	35
3/4	3	3 1/4	14	5 3/4	25	8 1/4	36
1	4	3 1/2	15	6	26	8 1/2	37
1 1/4	5	3 3/4	16	6 1/4	27	8 3/4	38
(1 1/4)	6	4	17	6 1/2	28	9	39
1 1/2	7	4 1/4	18	6 3/4	29	9 1/4	40
1 3/4	8	(4 1/4)	19	7	30	9 1/2	41
2	9	4 1/2	20	(7 1/4)	31	9 3/4	42
2 1/4	10	4 3/4	21	7 1/4	32	10	43
2 1/2	11	5	22	7 1/2	33	10 1/4	44

Risk factors for different histologic subtypes of invasive breast cancer

Background:

Breast cancer is a heterogeneous disease that can be divided into several clinically meaningful subtypes. There are two primary histologic subtypes of breast cancer, invasive ductal carcinomas account for 70-80% of all breast cancer, and invasive lobular carcinomas account for 15-20% of disease. The histopathologic characteristics of these tumors are quite distinct, and several molecular differences between them have also been well characterized. A key difference is that almost all lobular tumors do not express e-cadherin, while almost all ductal tumors do express e-cadherin. Epidemiologically, the incidence rates of lobular carcinoma increased 65% from the late 1980s to 2000 in the United States and other developed countries while rates of ductal carcinoma have held essentially constant. Relatively little is known about the etiologies of lobular compared to ductal carcinomas, though several studies have reported that use of menopausal hormone therapy is much more strongly related to risk of lobular carcinoma than it is to risk of ductal carcinoma.

Methods:

We have nearly completed the first large scale study evaluating differences in risk factors for lobular compared to ductal tumors. We conducted a population-based case-control investigation consisting of over 900 lobular cases, 900 ductal cases, and 900 controls that involves detailed ascertainment of risk factor data through in-person interviews and collection and centralized review and testing of tumor tissue specimens.

Results:

Our preliminary data confirm that use of combined estrogen plus progestin (E+P) menopausal hormone therapy increases risk of lobular cancer 2.4-fold [95% confidence interval (CI): 1.5-3.9], but is not associated with risk of ductal cancer [odds ratio (OR)=1.3, 95% CI: 0.9-2.0]. In addition, we have found that alcohol use is strongly positively related to risk of lobular cancer (p-value for trend=0.001), but is not associated with ductal cancer (p-value for trend=0.194). With respect to tumor marker expression, we observed that lobular tumors are much more likely than ductal tumors to be ER+ and HER2- and to have lower expression of Ki-67, p53, and p21 (all p-values <0.0001). The association between current E+P use and lobular cancer risk did not vary by tumor size, grade, Ki-67 expression, or p27 expression. There was some evidence though that current E+P use was more strongly related to risk of lobular tumors that are node positive (OR=3.7, 95% CI: 1.9-7.4) compared to node negative (OR=2.0, 95% CI: 1.1-3.5), and that have low p21 expression ($\leq 10\%$) (OR=3.1, 95% CI: 1.8-5.3) compared to lobular tumors with high p21 expression ($> 10\%$) (OR=1.1, 95% CI: 0.4-3.0).

Conclusions:

Our data indicate that lobular and ductal carcinomas are distinct from each other not only in their histopathologic appearance, but also in their risk factor profiles and molecular characteristics. Further efforts to better understand the etiologies of different breast cancer subtypes can have clinical and public health impact in several respects: 1) Identifying modifiable risk factors for different tumor subtypes affords new opportunities for prevention; 2) Development of targeted screening program for groups at high risk of particular tumor types affords an opportunity to diagnose these tumors earlier when they are more treatable; and 3) Determining etiologic pathways relevant to specific tumor types can help inform the development of novel treatment strategies.

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EDUCATION

1991-1995	Stanford University Stanford, California	B.S.	Biological Sciences Honors in Biological Sciences Honors in Ethics in Society
1995-2000	University of California, San Francisco School of Medicine San Francisco, California	M.D.	Medicine
1998-2000	University of Washington School of Public Health and Community Medicine Seattle, Washington	M.P.H.	Epidemiology
1998-2002	University of Washington School of Public Health and Community Medicine Seattle, Washington	Ph.D.	Epidemiology

PROFESSIONAL POSITIONS

2010-present	Full Member	Epidemiology Program Fred Hutchinson Cancer Research Center Seattle, WA
2011-present	Research Full Professor	Department of Epidemiology University of Washington
2006-2010	Associate Member	Epidemiology Program Fred Hutchinson Cancer Research Center Seattle, WA Seattle, WA
2006-2011	Research Associate Professor	Department of Epidemiology University of Washington Seattle, WA

2002-2006	Assistant Member	Epidemiology Program Fred Hutchinson Cancer Research Center Seattle, WA
2002-2006	Research Assistant Professor	Department of Epidemiology University of Washington Seattle, WA

HONORS

- 1995 Biological Sciences Honors Program, Stanford University
- 1995 Ethics in Society Honors Program, Stanford University
- 2001 Student Achievement Award in Epidemiology, University of Washington
- 2001 American Association for Cancer Research (AACR) Minority Scholar Award
- 2002 American Association for Cancer Research (AACR) Minority Scholar Award
- 2005 Era of Hope Scholar Award, Department of Defense Breast Cancer Research Program
- 2005 Faculty Researcher Role Model Award, Minority Access (supported by the NIH National Center on Minority Health and Health Disparities)
- 2006 Dan Mishell, Jr., M.D. New Investigator Award presented at the 20th Annual Therapeutic Options for Menopausal Health Conference
- 2009 Promise of One Award, Susan G. Komen for the Cure

PROFESSIONAL ACTIVITIES

Professional Memberships:

1. Member, American Association for Cancer Research, 2001-present

Scientific Advisory Boards and Councils:

1. Member, Breast Cancer Surveillance Advisory Board, Center for Health Studies, Group Health Cooperative, 2005-2010.
2. Advisory Board Member, *Current Medical Literature-Breast Cancer*, 2006-present.
3. Member, External Advisory Board for the Medical Outreach and Minority Affairs Program, Fox Chase Cancer Center, 2007-present.
4. Member, Minorities in Cancer Research (MICR) Council of the American Association for Cancer Research (AACR), 2010-present.

Reviews of Grants and Programs:

1. Genesis Oncology Trust, New Zealand, November 2005
2. Susan G. Komen Foundation, Puget Sound Affiliate, November 2005
3. Department of Defense, Breast Cancer Research Program, Clinical Health Sciences & Epidemiology Review Panel (BSS-CHS), July 2006 and August 2007
4. National Cancer Institute, Comprehensive Minority Institution/Cancer Center Partnership (U54), June 2007
5. National Cancer Institute, Small Grants Program for Cancer Epidemiology (R03), PAR 06-294, November 2007.
6. Susan G. Komen for the Cure, Komen Promise Grants, March 2008.
7. Dutch Cancer Society, Project Grant Review, The Netherlands, September 2008.
8. Department of Defense, Breast Cancer Research Program, Integration Panel, Ad hoc member, September 2008, March 2010, and July 2010.

9. National Institutes of Health, Special Emphasis Panel – Topics in Aging and Development (R01), February 2009.
10. National Cancer Institute, Subcommittee F – Manpower & Training, 4 year term began September 2009.
11. Susan G. Komen for the Cure, Epidemiology and Risk Assessment Review Panel, November 2009.
12. Qatar National Research Foundation, review of National Priorities Research Program applications, March 2010.
13. National Cancer Institute, special panel to review U01 applications in response to RFA: “The Biology of Estrogen Receptor-Negative Breast Cancer in Various Racial and Ethnic Groups”, May 2010.
14. Review of National Cancer Institute Intramural Program, Hormonal and Reproductive Epidemiology Branch, September 2010.
15. National Institute of Health and National Institute of Biomedical Imaging and Bioengineering, special panel to review R43/R44 applications in response to RFA: “Development of Translation of Medical Technologies that Reduce Health Disparities”, November 2011.

Journal Editorial Boards:

1. *Hormones and Cancer*, The Endocrine Society, Publisher: Springer, 2009-present.

Organization of Scientific Meetings/Symposia:

1. Co-Chair, Minorities in Cancer Research (MICR) Scientific Symposium, “Can Advancing our Understanding of the Human Genome Reduce Breast Cancer Health Disparities?”, American Association for Cancer Research (AACR), 102nd Annual Meeting, April 5, 2011, Orlando, FL.
2. Planning Committee Member, Department of Defense (DOD) Breast Cancer Research Program (BCRP) Era of Hope 2011 Meeting, August 2-5, 2011, Orlando, FL.
3. Scientific Program Committee Member, Fourth American Association for Cancer Research (AACR) Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, September 18-21, 2011, Washington, DC.

Manuscript Reviews:

<u>Journal</u>	<u>Most recent year</u>
1. <i>American Journal of Epidemiology</i>	2009
2. <i>American Journal of Preventive Medicine</i>	2003
3. <i>Breast Cancer Research</i>	2009
4. <i>Cancer</i>	2005
5. <i>Cancer Causes and Control</i>	2005
6. <i>Cancer Epidemiology, Biomarkers, and Prevention</i>	2010
7. <i>Cancer Research</i>	2011
8. <i>Epidemiology</i>	2000
9. <i>Expert Opinion on Pharmacotherapy</i>	2006
10. <i>Expert Reviews of Anticancer Therapy</i>	2003
11. <i>Hormones and Cancer</i>	2009
12. <i>JAMA</i>	2011
13. <i>Journal of Clinical Oncology</i>	2009
14. <i>Journal of Health Care for the Poor and Underserved</i>	2003
15. <i>Journal of Proteome Research</i>	2010
16. <i>Journal of the National Cancer Institute</i>	2010
17. <i>Journal of Women’s Health</i>	2010
18. <i>International Journal of Cancer</i>	2003
19. <i>The Lancet</i>	2005
20. <i>The Lancet Oncology</i>	2006
21. <i>Maturitas</i>	2004

- | | |
|--|------|
| 22. <i>Oncology</i> | 2006 |
| 23. <i>Treatments in Endocrinology</i> | 2002 |

Professionally-Related Community Service:

1. Member, Board of Directors for the Susan G. Komen Foundation, Puget Sound Affiliate, 2004-present

Fred Hutchinson Cancer Research Center Committees:

1. Faculty Working Group on PHS Program Structure,: September 2002-December 2002
2. Minority Scientist Recruitment and Retention Coalition: May 2003-December 2008
3. Institutional Review Board, Committee C: September 2003-present
4. Cancer Biology Faculty Search Committee: January 2004-April 2004
5. Public Health Sciences Division Director Search Committee: November 2007-January 2008.
6. Epidemiology Faculty Search Committee: November 2007-September 2008.
7. Public Health Sciences Biospecimen Repository Committee (Chair): February 2008-present.

Fred Hutchinson Cancer Research Center Junior Faculty Mentoring Committees:

1. Gloria Coronado, Cancer Prevention Program: 2006-2009
2. Parveen Bhatti, Epidemiology Program: 2009-present

University of Washington Service:

1. Curriculum Task Force, Department of Epidemiology, Dates: September 2005-August 2006
2. Diversity Task Force, School of Public Health and Community Medicine, Dates: November 2005-present

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Peer-Reviewed Publications:

1. Li SA, Xue Y, Xie Q, **Li CI**, Li JJ. Serum and tissue levels of estradiol during estrogen-induced renal tumorigenesis in the Syrian hamster. *J Steroid Biochem Biol* 1994;48:283-286.
2. **Li CI**, Malone KE, White E, Daling JR. Age when maximum height is reached as a risk factor for breast cancer among young U.S. women. *Epidemiology* 1997;8:559-565.
3. van Oers HJJ, de Kloet ER, **Li C**, Levine S. The ontogeny of glucocorticoid negative feedback: influence of maternal deprivation. *Endocrinology* 1998;139:2838-2846.
4. **Li CI**, Anderson BO, Porter P, Holt SK, Daling JR, Moe RE. Changing incidence rate of invasive lobular breast carcinoma among older women. *Cancer* 2000;88:2561-2569.
5. **Li CI**, Weiss NS, Stanford JL, Daling JR. Hormone replacement therapy in relation to risk of lobular and ductal breast cancer in middle-aged women. *Cancer* 2000;88:2570-2577.
6. **Li CI**, Stanford JL, Daling JR. Anthropometric variables in relation to risk of breast cancer in middle-aged women. *Int J Epidemiol* 2000 ;29 :208-213.
7. **Li CI**, Rossing MA, Voigt LF, Daling JR. Multiple primary breast and thyroid cancers: role of age at diagnosis and cancer treatments. *Cancer Causes Control* 2000;11:805-811.
8. **Li CI**, Malone KE, Weiss NS, Daling JR. Tamoxifen therapy for primary breast cancer and risk of contralateral breast cancer. *J Natl Cancer Inst* 2001;93:1008-1013.
9. **Li CI**, Malone KE, Daling JR. Differences in breast cancer hormone receptor status and histology by race and ethnicity among women 50 years of age and older. *Cancer Epidemiol Biomarker Prev* 2002;11: 601-607.
10. **Li CI**, Anderson BO, Daling JR, Moe RE. Changing incidence of lobular carcinoma in situ of the breast. *Breast Cancer Res Treat* 2002;75:259-268.

11. Li CI, Malone KE, Daling JR. Differences in breast cancer stage, treatment, and survival by race and ethnicity. **Arch Intern Med** 2003;163:49-56.
12. Li CI, Daling JR, Malone KE. Incidence of invasive breast cancer by hormone receptor status from 1990 to 1998. **J Clin Oncol** 2003 ;21 :28-34.
13. Li CI, Daling JR, Emanuel I. Birthweight and risk of overall and cause-specific childhood mortality. **Paediatric Perinatal Epidemiol** 2003;17:164-170.
14. Li CI, Anderson BO, Daling JR, Moe RE. Trends in incidence rates of invasive lobular and ductal breast carcinoma. **JAMA** 2003;289:1421-1424.
15. Li CI, Malone KE, Porter PL, Weiss NS, Tang MC, Cushing-Haugen KL, Daling JR. Relationship between long durations and different regimens of hormone therapy and risk of breast cancer. **JAMA** 2003;289:3254-3263.
16. Li CI, Malone KE, Porter PL, Daling JR. Epidemiologic and molecular risk factors for contralateral breast cancer among women diagnosed with a first breast cancer before age 45. **Brit J Cancer** 2003;89:513-518.
17. Li CI, Malone KE, Weiss NS, Boudreau DM, Cushing-Haugen KL, Daling JR. The relationship between use of antihypertensive medications and risk of breast cancer among women 65-79 years of age. **Cancer** 2003;98:1504-13.
18. Li CI, Malone KE, Porter PL, Weiss NS, Tang MC, Daling JR. Reproductive and anthropometric factors in relation to the risk of lobular and ductal breast carcinoma among women 65-79 years of age. **Int J Cancer** 2003;107:647-51.
19. Li CI, Moe RE, Daling JR. Risk of mortality by histologic type of breast cancer. **Arch Intern Med** 2003;163:2149-53.
20. Li CI, Malone KE, Porter PL, Weiss NS, Tang MC, Daling JR. The relationship between alcohol use and risk of breast cancer by histology and hormone receptor status among women 65-79 years of age. **Cancer Epidemiol Biomarker Prev** 2003;12:1061-6.
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25. Li CI, Malone KE, Daling JR. Age-specific incidence rates of in situ breast carcinomas by histologic type, 1980-2001. **Cancer Epidemiol Biomarker Prev** 2005;14:1008-1011.
26. Li CI. Racial and ethnic disparities in breast cancer stage, treatment and survival in the United States. **Ethnicity & Disease** 2005;15:S2-5-S2-9.
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29. Li CI, Malone KE, Daling JR. The relationship between various measures of cigarette smoking and risk of breast cancer among women 65-79 years of age. **Cancer Causes Control** 2005;16:975-985.
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38. **Li CI**. Risk of invasive breast cancer among ductal carcinoma *in situ* and lobular carcinoma *in situ* patients. **Am J Hematology/Oncology** 2006;5:1-6.
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 60. **Li CI**, Daling JR, Porter PL, Tang MC, Malone KE. Relationship between potentially modifiable lifestyle factors and risk of second primary contralateral breast cancer among women diagnosed with estrogen receptor positive invasive breast cancer. **J Clin Oncol** 2009;27:5312-18.
 61. Reding KW, **Li CI**, Weiss NS, Chen C, Carlson CS, Duggan D, Thummel KE, Daling JR, Malone KE. Genetic Variation in the progesterone receptor and metabolism pathways and hormone therapy in relation to breast cancer risk. **Am J Epidemiol** 2009;170:1241-49.
 62. Reichman ME, Altekruse S, **Li CI**, Chen VW, Deapen D, Potts M, Wu XC, Morrell D, Hafterson J, Phipps AI, Harlan LC, Ries LG, Edwards BK. Feasibility study for collection of HER2 data by NCI Surveillance, Epidemiology and End Results (SEER) Program central cancer registries. **Cancer Epidemiol Biomarker Prev** 2010;19:144-7.
 63. McDougall JA, **Li CI**. Trends in distant stage breast, colorectal, and prostate cancer incidence rates from 1992-2004. **Hormones and Cancer** 2010;1(1):55-62.
 64. **Li CI**, Mathes RW, Bluhm EC, Caan B, Cavanagh M, Chlebowski RT, Michael Y, O'Sullivan MJ, Prentice R. Migraine history and breast cancer risk among postmenopausal women. **J Clin Oncol** 2010;28:1005-1010.
 65. McDougall JA, Sakata R, Sugiyama H, Grant EJ, Davis S, Nishi N, Soda M, Shimizu Y, Tatsukawa Y, Kasagi F, Suyama A, Ross P, Kopecky KJ, **Li CI**. Timing of menarche and first birth in relation to risk of breast cancer in A-bomb survivors. **Cancer Epidemiol Biomarker Prev** 2010;19:1755-65.
 66. Phipps AI, **Li CI**, Kerlikowske K, Barlow WE, Buist DSM. Risk factors for ductal, lobular, and mixed ductal-lobular breast cancer in a screening population. **Cancer Epidemiol Biomarker Prev** 2010;19:1643-54.
 67. **Li CI**. Risk of mortality by histologic type of breast cancer in the United States, 2000-2006. **Hormones and Cancer** 2010;1:156-165.
 68. **Li CI**, Daling JR, Tang MC, Malone KE. Relationship between diabetes and risk of second primary contralateral breast cancer. **Breast Cancer Research and Treatment**, 2010;125:545.

69. **Li CI**, Chlebowski RT, Freiberg M, Johnson KC, Kuller L, Lane D, Lessin L, O'Sullivan MJ, Wactawski-Wende J, Yasmeeen S, Prentice R. Alcohol consumption and risk of postmenopausal breast cancer by subtype: the Women's Health Initiative Observational Study. *J Natl Cancer Inst* 2010;102:1422-1431.
70. **Li CI**, Nishi N, McDougall JA, Semmens EO, Sugiyama H, Soda M, Sakata R, Hayashi M, Kasagi F, Suyama A, Mabuchi K, Davis S, Kodama K, Kopecky KJ. Relationship between radiation exposure and risk of second primary cancers among atomic bomb survivors. *Cancer Research* 2010;70:7187-7198.
71. Voigt LF, Schwartz SM, Doody DR, Lee SC, **Li CI**. Feasibility of including cellular telephone numbers in random digit dialing for epidemiologic case-control studies. *Am J Epidemiol* 2011; 173:118-126.
72. Phipps AI, Buist DSM, Malone KE, Barlow WE, Porter PL, Kerlikowske K, **Li CI**. First-degree family history of breast cancer and triple-negative breast cancer risk. *Breast Cancer Research and Treatment* 2011; 136:671-678.
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74. Phipps AI, Chlebowski RT, Prentice R, McTiernan A, Wactawski-Wende J, Kuller LH, Adams-Campbell LL, Lane D, Stefanick ML, Vitolins M, Kabat GC, Rohan TE, **Li CI**. Reproductive history and oral contraceptive use in relations to risk of triple-negative breast cancer. *J Natl Cancer Inst* 2011;103:470-477.
75. Pitteri SJ, Amon LM, Buson TB, Zhang Y, Johnson MM, Chin A, Kennedy J, Wong C-H, Zhang Q, Wang H, Lampe PD, Prentice RL, McIntosh MW, Hanash SM, **Li CI**. Elevated plasma levels of epidermal growth factor receptor prior to the diagnosis of breast cancer. *Cancer Research* 2010;70:8598-606.
76. Ooi SW, Martinez ME, **Li CI**. Disparities in breast cancer characteristics and outcomes by race/ethnicity. *Breast Cancer Research and Treatment* 2011; 127:729-738.
77. Phipps AI, Buist DSM, Malone KE, Barlow WE, Porter PL, Kerlikowske K, **Li CI**. Reproductive history and risk of three breast cancer subtypes defined by three biomarkers. *Cancer Causes and Control* 2011; 22:399-405.
78. Huang Y, Malone KE, Cushing-Haugen KL, Daling JR, **Li CI**. Relationship between menopausal symptoms and risk of postmenopausal breast cancer. *Cancer Epidemiol Biomarker Prev* 2011; 20:379-388.
79. **Li CI**. Discovery and validation of breast cancer early detection biomarkers in preclinical samples. *Hormones and Cancer* 2011; 2:125-131.
80. Phipps AI, Chlebowski RT, Prentice R, McTiernan A, Stefanick ML, Wactawski-Wende J, Kuller LH, Adams-Campbell LL, Lane D, Vitolins M, Kabat GC, Rohan TE, **Li CI**. Body size, physical activity, and risk of triple-negative breast cancer in postmenopausal women. *Cancer Epidemiol Biomarker Prev* 2011;20:454-463.
81. Kabat GC, Kim M, Phipps AI, **Li CI**, Messina C, Wactawski-Wende J, Kuller L, Simon M, Yasmeeen S, Wassertheil-Smoller S, Rohan TE. Smoking and alcohol consumption in relation to risk of triple-negative breast cancer in a cohort of postmenopausal women. *Cancer Causes Control* 2011; 22:775-783.
82. Kwon S, Lazo-Escalante M, Villaran MV, Li CI. Relationship between interpregnancy interval and birth defects in Washington State. *Journal of Perinatology*, in press.
83. Phipps AI, Scoggins J, Rossing MA, **Li CI**, Newcomb PA. Temporal trends in incidence and mortality rates for colorectal cancer by tumor location: 1975-2007. *Am J Public Health*, in press.

Submitted Manuscripts:

1. Livaudais JC, Li CI, John EM, Terry MB, Daly M, Buys SS, Habel L, Thompson B, Yanez D, LaCroix A, Coronado GD. Racial/ethnic differences in the use of adjuvant hormonal therapy among

women participating in the Breast Cancer Family Registry. Submitted to **Cancer Epidemiol Biomarker Prev** in 2010.

Manuscripts in Preparation:

1. Nishi N, **Li CI**, Furukawa K, Sugiyama H, Sakata R, Grant EJ, Soda M, Shimizu Y, Kasagi F, Suyama A, Ozasa K, Mabuchi K, Davis S, Kopecky KJ, Kodama K. Risk of second primary cancers among atomic bomb survivors.
2. Semmens EO, Kopecky KJ, Grant E, Mabuchi K, Mathes RW, Nishi N, Sugiyama H, Moriwaki H, Sakata R, Soda M, Kasagi F, Yamada M, Fujiwara S, Akahoshi M, Davis S, Kodama K, **Li CI**. Potential Influence of Anthropometric Factors on Associations between Radiation and Colon Cancer Incidence in Atomic Bomb Survivors in the Life Span Study Cohort.

Books:

1. Breast Cancer Epidemiology, **Li CI**, ed. Springer: New York, NY, 2010 (18 Chapters). ISBN 978-1-4419-0684-7.

Book Chapters:

1. Anderson BO, Lawton TJ, Rinn K, **Li CI**, Georgian-Smith D, Moe RE. Lobular carcinoma in situ. In: Ductal Carcinoma In Situ of the Breast, Silverstein MJ ed., 2nd edition. Lippincott Williams and Wilkins: Philadelphia, PA, pp. 615-634, 2002.
2. Anderson BO, **Li CI**, Rinn KJ, Lawton TJ, Moe RE. Clinical management of lobular carcinoma in situ. In: Advanced Therapy of Breast Disease, Singletary, Robb, and Hortobagyi eds., 2nd edition. B.C. Decker, Inc.: St. Louis, MO, pp. 269-280, 2004.
3. **Li CI**. Pathologic, clinical, and epidemiologic characteristics of invasive lobular breast carcinoma and a review of studies evaluating its association with hormone replacement therapy. In: Hormonal Carcinogenesis IV, Li JJ ed. Springer-Verlag: New York, NY, pp. 47-64, 2005.
4. Phipps AI, **Li CI**. Breast cancer biology and clinical characteristics. In: Breast Cancer Epidemiology, **Li CI** ed. Springer: New York, NY, 2010, p. 21-46.
5. Phipps AI, **Li CI**. Endogenous hormones. In: Breast Cancer Epidemiology, **Li CI** ed. Springer: New York, NY, 2010, p. 73-88.
6. **Li CI**, Beaber EF. Exogenous hormonal exposures. In: Breast Cancer Epidemiology, **Li CI** ed. Springer: New York, NY, 2010, p. 89-118.
7. Phipps AI, Mirick DK, **Li CI**, Davis S. Environmental and occupational exposures. In: Breast Cancer Epidemiology, **Li CI** ed. Springer: New York, NY, 2010, p. 183-222.

Other Non-Refereed Scholarly Publications:

1. **Li CI**, Malone KE, Weiss NS, Daling JR. Re: Tamoxifen and contralateral breast cancer: the other side. **J Natl Cancer Inst** 2001;93:1753.
2. **Li CI**. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the Women's Health Initiative randomized trial. **Breast Diseases: A Year Book Quarterly** 2004;14:364.
3. Voigt LF, Boudreau DM, Weiss NS, Malone KE, **Li CI**, Daling JR. Re: Studies with low response proportions may be less biased than studies with high response proportions. **Am J Epidemiol** 2005;161:401-2.
4. **Li CI**. The influence of hormone replacement therapy on the pathology of breast cancer. **Breast Diseases: A Year Book Quarterly**, in press.

FUNDING HISTORY

Current Projects:

	PI	Role	Agency/Number/Title	Dates	Total direct costs
1	Davis	Co-I	NCI: R01-CA118914: Breast cancer risk and molecular change after Chernobyl	9/07-7/12	\$5,263,286
2	Li	PI	NCI: R01-CA097271: Risk factors for second primary breast cancer among DCIS survivors	4/10-3/15	\$2,277,192
3	Thompson	PI of Project 3	NCI: P50-CA148143: Understanding and preventing breast cancer disparities in Latinas: <u>Project 3</u> : Risk factors for triple-negative and HER2-overexpressing breast cancer	7/10-6/15	\$6,448,459
4	Li	PI	NCI: U01-CA152637: Breast and ovary cancer Clinical Validation Center	8/10-7/15	\$3,085,752
5	Lampe	Co-I	NCI: U01-CA152746: Affinity based strategies to fast track development of colon cancer biomarkers	8/10-7/15	\$2,924,473
6	Schwartz	Co-PI	NCI: N01-PC95001-20: Cancer Surveillance System	8/10-7/15	\$16,654,935
7	Feng/ Barlow	Co-I	NCI: U01-CA163304: PROSPR Coordinating Center	9/11-8/16	\$856,198

Pending Projects:

	PI	Role	Agency/Number/Title	Status	Total direct costs
1	Li	PI	DOD: BC112570 Breast Cancer Era of Hope of Hope Scholar Expansion Award: Evaluation of potentially novel protective factors for breast cancer	Submitted	\$2,000,000
2	Li	PI	DOD: BC112721 Collaborative Innovator Award: Advancing our Understanding of the Etiologies and Mutational Landscapes of Basal-Like, Luminal A, and Luminal B Breast Cancers	Submitted	\$5,000,000

Completed Projects:

	PI	Role	Agency/Number/Title	Dates	Total direct costs
1	Li	PI	Avon Pilot Project Fund	9/04-8/05	\$28,959
2	Li	PI	NCI: R01-CA097271: Tamoxifen & second breast cancer: epidemiology/pathology	4/03-3/08	\$2,311,934
3	Li	PI	NCI: K01-CA101970: c-erbB-2 and risk of contralateral breast cancer	7/03-6/08	\$698,750
4	Lampe	Co-I	FHCRC: Early Detection and Intervention Initiative (EDI) Pilot Project: Development of recombinant antibody arrays for cancer biomarker discovery in blood	4/05-3/06	\$24,000
5	Li	PI	Safeway Breast Cancer Research Program	7/07-6/08	\$22,971

			Pilot: Migraine, Migraine Medication Use, and Breast Cancer Risk		
6	Li	PI	NHLBI: NHLBI-WHI-06-09: "Toward Maximizing the Scientific Value of the Etiologic Specimens of the Women's Health Initiative": Identification and validation of circulating biomarkers for the early detection of breast cancer in pre-clinical specimens	1/07-1/09	\$1,322,449
7	Voigt	Co-I	NCI: R01-CA12962: Random digit dialing methodology for the 21st century	1/07-1/09	\$280,000
8	Hanash	Co-I	Avon Foundation: Validation of an autoantibody signature for breast cancer	7/07-6/09	\$554,100
9	Li	PI	NCI: R01-CA116393: Protein biomarkers of cancer risk in older persons	7/05-4/10	\$1,179,129
10	Li	PI	NCI: R03-CA135688: Migraine, migraine medication use, and risk of breast cancer	7/09-6/11	\$99,907
11	Hingorani	Co-I	NHLBI: HHSN268200960003C: Identifying biomarkers for pancreatic cancer	1/09-7/11	\$610,174
12	Hanash	Co-I	NHLBI: HHSN268200900007C: Proteomics based discovery of blood based biomarkers and risk factors for lung cancer among women non-smokers and never smokers	1/09-7/11	\$1,741,607
13	Li	PI	DOD: W81XWH-05-1-0482: Use of exogenous progestins and risk of in situ and invasive breast cancer	9/05-9/11	\$2,704,038
14	Li	PI	NCI: R01-CA105041: Depo-Provera and breast cancer: epidemiology/pathology	9/05-9/11	\$2,493,186
15	Li	PI	NCI: ARRA supplement to R01-CA105041	9/09-9/11	\$198,701

INVITED ORAL PRESENTATIONS AND SEMINARS

International:

1. "Use of hormone replacement therapy and risk of different types of breast cancer: The role of progesterone in the etiology of breast cancer." Fourth International Symposium on Hormonal Carcinogenesis, Valencia, Spain, 6/22/2003.
2. "HRT and breast cancer: the epidemiological view." Maturitas Masterclass: Hormones and the Breast, Lisbon, Portugal, 10/23/2003.
3. "Hormone therapy and risk of different histologic types of breast cancer." Fourth Amsterdam Menopause Symposium, Amsterdam, The Netherlands, 10/4/2004.
4. "Risk of invasive breast cancer among DCIS and LCIS patients." 20th Annual Therapeutic Options for Menopausal Health Conference, Halifax, Canada, 7/16/2006.
5. "Relationship between radiation exposure and risk of second primary cancers among A-bomb survivors." Sixth Annual Kurume University Biostatistics Forum, Fukuoka, Japan, 9/28/2007.
6. "Discovery and validation of breast cancer early detection biomarkers in preclinical samples." Sixth International Symposium in Hormonal Oncogenesis, Tokyo, Japan, 9/14/2010.

National:

1. "Multidisciplinary approaches to lobular breast carcinoma and contralateral breast cancer." Memorial Sloan Kettering Cancer Center, New York, NY, 4/1/2002.
2. "The increasing importance of lobular breast carcinoma: Current knowledge and future directions." Harvard School of Public Health, Boston, MA, 5/31/2002.
3. "Differences in breast cancer stage, treatment, and survival by race and ethnicity." Society for Epidemiologic Research, 35th Annual Meeting, Palm Springs, CA, 6/20/2002.
4. "Health disparities in minority populations in the United States: Focus on breast cancer." New Mexico State University-Fred Hutchinson Cancer Research Center Seminar, Fred Hutchinson Cancer Research Center (teleconferenced with New Mexico State University), Seattle, WA, 7/23/2003.
5. "Postmenopausal hormones and breast cancer risk: current knowledge and future directions." Fox Chase Cancer Research Center, Philadelphia, PA, 5/20/2004.
6. "Health disparities in minority populations in the United States: Breast and colorectal cancer." New Mexico State University-Fred Hutchinson Cancer Research Center Seminar, Fred Hutchinson Cancer Research Center (teleconferenced with New Mexico State University), Seattle, WA, 7/28/2004.
7. "Eliminating racial, ethnic, and socioeconomic disparities in the diagnosis and treatment of breast cancer." Fourth Annual Primary Care and Prevention Conference, Atlanta, GA, 10/25/2004.
8. "Health Disparities: Diverse Perspectives." Minority Access Sixth National Role Models Conference, Las Vegas, NV, 9/11/2005.
9. "New insights into hormonal, histological, and molecular aspects of breast cancer etiology." Society of Toxicology: 47th Annual Meeting, Seattle, WA, 3/18/2008.
10. "Breast cancer disparities by race and ethnicity." Cancer Health Disparities Conference, Las Cruces, NM, 5/27/2009.
11. "Elevated plasma levels of epidermal growth factor receptor prior to diagnosis of breast cancer in preclinical specimens from the Women's Health Initiative Observational Study." American Association for Cancer Research (AACR) 101st Annual Meeting, Washington, DC, 4/20/2010.

Local:

1. "Lobular breast cancer: Changing incidence and relationship to HRT use." Seattle Breast Cancer Research Program Colloquy, Fred Hutchinson Cancer Research Center, Seattle, WA, 2/16/2000.
2. "Hormone replacement therapy in relation to risk of lobular and ductal breast cancer in middle-aged women." Oncology Grand Rounds, University of Washington, Seattle, WA, 6/16/2000.
3. "Use of tamoxifen for primary breast cancer in relation to risk of contralateral breast cancer." Breast Cancer Research Conference, Seattle Cancer Care Alliance, Seattle, WA, 9/14/2001.
4. "The increasing importance of lobular breast carcinoma: Current knowledge and future directions." Fred Hutchinson Cancer Research Center, Seattle, WA, 5/16/2002.
5. "HRT and breast cancer risk: Past, present, and future." Reproductive Medicine Seminar, University of Washington, Seattle, WA, 2/7/2003.
6. "Hormones and different types of breast cancer: The increasing importance of lobular carcinoma." PHS All-Staff Meeting, Fred Hutchinson Cancer Research Center, Seattle, WA, 5/27/2003.
7. "Pathologic, clinical, and epidemiologic characteristics of invasive lobular breast carcinoma." Challenges & Controversies in Breast Cancer CME, University of Washington School of Medicine, Seattle, WA, 10/16/2003.
8. "Differences in breast cancer stage and survival by race and ethnicity." Reducing Cancer Disparities Symposium, Seattle, WA, 10/18/2003.
9. "Breast & Cervical Cancer Incidence & Mortality Update: Review of National Data in Disparities by Race/Ethnicity." Washington State Breast & Cervical Health Partner Training Institute, Seattle, WA, 10/7/2004.

10. "Disparities in Breast Cancer Incidence & Mortality by Race/Ethnicity: *Focus on African American Women*." Communities of Care Project: Shaping the Future of Breast Health among African-American Women, Federal Way, WA, 3/2/2005.
11. "Cancer & Culture." Town Hall, Seattle, WA, 5/10/2005.
12. "Working Together to Address the Unequal Burden of Cancer." Challenges and Controversies in Breast Cancer, Seattle, WA, 10/22/2005.
13. "Breast Cancer: Risk Factors, Screening, and Outcomes." Community Health Forum, "Breast Cancer Update: What All Women Need to Know", Seattle, WA, 11/7/2005.
14. "The Unequal Burden of Breast Cancer: Disparities in Outcomes by Race/Ethnicity in the United States." Susan G. Komen for the Cure, Komen Community Challenge, Seattle, WA, 11/8/2007.
15. "Migraine and Breast Cancer." Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance, Seattle, WA, 4/24/2009.

TEACHING HISTORY

Formal Courses:

1. Epidemiology 524: Cancer Epidemiology, Co-instructor (50% responsibility), January 2003-present. Taught: Winter 2003 (7 students), Winter 2004 (17 students), Spring 2005 (11 students), Winter 2006 (19 students), Winter 2007 (14 students), Winter 2008 (14 students), Winter 2009 (20 students), Winter 2010 (26 students), Winter 2011 (19 students). University of Washington, School of Public Health.
2. Epidemiology 514: Application of Epidemiologic Methods, Preceptor, April 2003-present. University of Washington, School of Public Health.
3. Epidemiology for Molecular Biologists, Guest Lecturer ("Breast Cancer Epidemiology"), November 14, 2005 (21 students). Fred Hutchinson Cancer Research Center and New Mexico State University.
4. Biology 350, Introduction to Cancer, Guest Lecturer ("The Epidemiology of Breast Cancer"), April 24, 2006 (30 students) and March 7, 2007 (30 students). New Mexico State University.
5. Epidemiology 590, Cancer Health Disparities, Guest Lecturer ("Breast Cancer Disparities by Race and Ethnicity"), February 10, 2010 (5 students) and February 2, 2011 (9 students). University of Washington, School of Public Health.

Independent Study:

1. Chloe Chien, Summer 2003.
2. Lara Kidoguchi, Autumn 2003.
3. Sonia Nagahama, Summer 2004-Spring 2005.
4. Andrew Zeft, Autumn 2004-Spring 2005.
5. Christine Altrock, Autumn 2005-Spring 2006.
6. Robert Mathes, Winter 2006-Summer 2008.
7. Chirag Shah, Autumn 2007-Autumn 2008.
8. Amanda Phipps, Spring 2007-Spring 2011.

ADVISING AND FORMAL MENTORING

Post-Doctoral Fellows:

1. Genevieve Monsees, 1/2010-present

Doctoral Students, Dissertation Committee Chair:

1. Babette Siebold – Ph.D. in Epidemiology conferred Autumn 2008.
2. Amanda Phipps – Ph.D. in Epidemiology conferred Spring 2011 (Received the University of Washington Department of Epidemiology's Outstanding Student Award in 2011).
3. Elisabeth Beaber – Ph.D. in Epidemiology anticipated in Spring 2012.
4. Jean McDougall – Ph.D. in Epidemiology anticipated in Spring 2014.

Masters Students, Thesis Committee Chair:

1. Lara Kidoguchi – M.P.H. in Epidemiology conferred Spring 2004.
2. Chloe Chien – M.S. in Epidemiology conferred Fall 2004.
3. Lisa Dunnwald – M.S. in Epidemiology conferred Spring 2006.
4. Elisabeth Beaber – M.P.H. in Epidemiology conferred Spring 2008.
5. Chirag Shah – M.P.H. in Epidemiology conferred Autumn 2008.
6. Jean McDougall – M.P.H. in Epidemiology conferred Summer 2009.
7. Yi Huang – M.P.H. in Epidemiology conferred Spring 2010.
8. Amanda Striegl – M.S. in Epidemiology conferred Spring 2010.
9. Bradley Quon – M.S. in Epidemiology anticipated Spring 2012.

Doctoral Students, Dissertation Committee Member:

1. Kerry Reding – Ph.D. in Epidemiology conferred Spring 2008.
2. Paramita Saha – Ph.D. in Biostatistics conferred Summer 2009.
3. Heather Brauer – Ph.D. in Molecular and Cellular Biology conferred Spring 2010.
4. Abigail Shoben – Ph.D. in Biostatistics conferred in Autumn 2010.
5. Jennifer Livaudais – Ph.D. in Epidemiology conferred in Spring 2011.
6. Aasthaa Bansal – Ph.D. in Biostatistics anticipated in Autumn 2011.
7. Si Luo – Ph.D. in Electrical Engineering anticipated in 2012.

Masters Students, Thesis Committee Member:

1. Megan Welsh – M.P.H. in Epidemiology conferred Spring 2007.
2. Jorge Huaco Cateriano – M.S. in Epidemiology conferred Spring 2011.

Undergraduates:

1. Jamie Tom – Participant in the New Mexico State University-Fred Hutchinson Cancer Research Center Summer Intern Program for minority students, 2003.
2. Diana Uribe – Participant in the New Mexico State University-Fred Hutchinson Cancer Research Center Summer Intern Program for minority students, 2004.
3. Natividad Chávez – University of Washington student participating in the UW GenOM Project: Genomics Outreach for Minorities, June 2005-August 2005.
4. Marinda Bethay – University of Washington student participating in the UW Initiative for Minority Student Development (IMSD) Program, June 2005-August 2005.
5. Jean McDougall – Fred Hutchinson Cancer Research Center intern, May 2006-October 2006.